PUBLIC INSPECTION COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **and ending**

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

C Name of organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Doing business as ASCO

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

Room/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 CEO
SAME AS C ABOVE

D Employer identification number
13-6180380

E Telephone number
571 483 - 1300

G Gross receipts $ 202,755,721.

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

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

H(c) Group exemption number

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

J Website: WWW.ASCO.ORG

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

L Year of formation: 1965

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O:

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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	520
6	Total number of volunteers (estimate if necessary)	6	4125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,695,298.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	6,952,857.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,250,760.	16,259,283.
9	Program service revenue (Part VIII, line 2g)	123,943,513.	127,986,242.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,024,051.	23,661,513.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,921,536.	6,430,255.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	146,139,860.	174,337,293.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,042,358.	4,632,496.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	64,467,166.	70,278,616.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,760,362.	80,576,931.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	144,269,886.	155,488,043.
19	Revenue less expenses. Subtract line 18 from line 12	1,869,974.	18,849,250.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	251,452,025.	296,538,439.
21	Total liabilities (Part X, line 26)	107,117,119.	112,691,951.
22	Net assets or fund balances. Subtract line 21 from line 20	144,334,906.	183,846,488.

Part II Signature Block

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

Sign Here

Signature of officer — Date

MELINDA O'LEARY, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	11/13/24	☐	P01273422

Firm's name COHNREZNICK LLP — Firm's EIN 22-1478099

Firm's address 7501 WISCONSIN AVENUE, SUITE 400E
BETHESDA, MD 20814 — Phone no. 301-652-9100

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X 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 X 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 $ 64,315,059. including grants of $ 440,180.) (Revenue $ 99,649,143.)
SEE SCHEDULE O:

4b (Code:) (Expenses $ 22,720,123. including grants of $ 5,000.) (Revenue $ 6,060,926.)
SEE SCHEDULE O:

4c (Code:) (Expenses $ 9,157,287. including grants of $) (Revenue $ 4,332,922.)
SEE SCHEDULE O:

4d Other program services (Describe on Schedule O.)
(Expenses $ 28,526,865. including grants of $ 4,187,316.) (Revenue $ 17,943,251.)

4e Total program service expenses 124,719,334.

SEE SCHEDULE O FOR CONTINUATION(S)

14001113 147227 8406813-0406813.0990 2023.05000 AMERICAN SOCIETY OF CLINI 84068134

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	629		
b	Enter the number of Forms W-2G included on 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 X	

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

			Yes	No
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** 520			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
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**		X
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**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
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**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
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**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.	**15**	X	
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**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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 A. HUDIS, MD	30.00									
CEO	7.50			X				1,060,801.	0.	24,750.
(2) DINA MICHELS, ESQ.	37.50									
SECRETARY, EVP & COO				X				685,749.	0.	42,792.
(3) JULIE R. GRALOW, MD	37.50									
EVP & CMO					X			632,400.	0.	42,792.
(4) CARMEN JACKSON	37.50									
CEO - CLQ					X			515,125.	0.	49,419.
(5) NANCY DALY, MS, MPH	1.00									
EVP & CONQUER CANCER CEO	36.50				X			516,637.	0.	42,677.
(6) CHRISTOPHER MERLAN	37.50									
EVP & CHIEF DIGITAL OFFICE					X			475,728.	0.	44,731.
(7) LINDA JENSEN	30.00									
EVP & CFO	7.50			X				477,532.	0.	42,792.
(8) JAMIE VON ROENN, MD, MED	37.50									
VP, EDU., SCIENCE & PROF.					X			457,512.	0.	33,834.
(9) STEPHEN GRUBBS, MD	37.50									
VP, CARE DELIVERY						X		445,051.	0.	42,606.
(10) KRISTEN NEESE	37.50									
CHIEF MARKETING & COMMUNICATIONS OFF						X		363,368.	0.	44,731.
(11) PAULA KING	37.50									
CHIEF HUMAN RESOURCES OFFICER						X		362,762.	0.	44,731.
(12) DEBORAH KAMIN, PHD	30.00									
VP, POLICY/ADVOCACY	7.50					X		356,959.	0.	42,677.
(13) MELISSA TAI	29.50									
VP, CEIL & GENERAL COUNSEL	8.00					X		350,115.	0.	49,281.
(14) SEAN KHOZIN, MD	37.50									
FORMER CLQ CEO							X	395,769.	0.	0.
(15) ANGELA COCHRAN	37.50									
VP, PUBLISHING					X			336,979.	0.	40,401.
(16) AMANDA DAVIS-AITKEN	37.50									
VICE PRESIDENT, MEETING SV					X			338,635.	0.	33,749.
(17) BARTON LAWYER	37.50									
VICE PRESIDENT - IT					X			303,038.	0.	47,169.

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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) EVERETT E. VOKES, MD	1.00									
CHAIR/PAST PRESIDENT	1.00	X		X				0.	0.	0.
(19) ERIC P. WINER, MD	1.00									
PRESIDENT/CHAIR	1.00	X		X				0.	0.	0.
(20) LYNN M. SCHUCHTER, MD	1.00									
PRESIDENT-ELECT/PRESIDENT	2.00	X		X				0.	0.	0.
(21) ROBIN ZON, MD	1.00									
PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(22) LORI J. PIERCE, MD	1.00									
PAST PRESIDENT (PARTIAL YEAR)	1.00	X		X				0.	0.	0.
(23) ELIZABETH A. MITTENDORF, MD, PH	1.00									
TREASURER (PARTIAL YEAR)	1.00	X		X				0.	0.	0.
(24) ELIZABETH R. PLIMACK, MD, MS	1.00									
TREASURER-ELECT/TREASURER	1.00	X		X				0.	0.	0.
(25) TAOFEEK K. OWONIKOKO, MD, PHD	1.00									
TREASURER-ELECT	1.00	X		X				0.	0.	0.
(26) FREDRICK CHITE ASIRWA, MD, MBCH	1.00									
BOARD MEMBER		X						0.	0.	0.
1b Subtotal								8,074,160.	0.	669,132.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								8,074,160.	0.	669,132.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 237

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREEMAN PO BOX 734596, DALLAS, TX 75373-4596	EVENT MANAGEMENT	9,904,419.
THOUGHTWORKS, INC. 3799 PAYSPHERE CIRCLE, CHICAGO, IL 60674	IT CONSULTING	7,093,917.
SPARGO INC, 11208 WAPLES MILL ROAD #112, FAIRFAX, VA 22030	EVENT MANAGEMENT	4,797,390.
SMG FOOD & BEVERAGE, LLC 747 HOWARD ST, SAN FRANCISCO, CA 94103	CATERING	4,376,569.
AMAZON WEB SERVICES PO BOX 84023, SEATTLE, WA 98124-8423	IT SERVICES	3,573,335.

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 92

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) ETHAN M. BASCH, MD, MSC	1.00									
BOARD MEMBER (PARTIAL YEAR)	1.00	X						0.	0.	0.
(28) LISA A. CAREY, MD	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(29) MARIANA CHAVEZ MACGREGOR, MD, M	1.00									
BOARD MEMBER		X						0.	0.	0.
(30) TARA O. HENDERSON, MD, MPH	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(31) CAROLYN B. HENDRICKS, MD	1.00									
BOARD MEMBER		X						0.	0.	0.
(32) KATHLEEN N. MOORE, MD, MS	1.00									
BOARD MEMBER (PARTIAL YEAR)		X						0.	0.	0.
(33) ANN H. PARTRIDGE, MD, MPH	1.00									
BOARD MEMBER		X						0.	0.	0.
(34) DEBRA PATT, MD, PHD	1.00									
BOARD MEMBER (PARTIAL YEAR)		X						0.	0.	0.
(35) ENRIQUE SOTO PEREZ DE CELIS, MD	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(36) GLADYS I. RODRIGUEZ, MD	1.00									
BOARD MEMBER		X						0.	0.	0.
(37) JENNIFER TEMEL, MD	1.00									
BOARD MEMBER		X						0.	0.	0.
(38) MICHAEL A. THOMPSON, MD, PHD	1.00									
BOARD MEMBER (PARTIAL YEAR)		X						0.	0.	0.
(39) KAREN M. WINKFIELD, MD, PHD	1.00									
BOARD MEMBER		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

332201 04-01-23

14001113 147227 8406813-0406813.0990 2023.05000 AMERICAN SOCIETY OF CLINI 84068134

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	7,804,140.			
	e	Government grants (contributions)	1e	8,365,143.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	90,000.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f		16,259,283.			
Program Service Revenue			Business Code				
	2a	EDUCATIONAL MTGS & FEE	900099	98,287,118.	90,465,620.	7,821,498.	
	b	SCIENTIFIC PUBLICATION	513120	16,950,485.	11,119,034.	5,831,451.	
	c	RESEARCH	900099	6,130,989.	6,130,989.		
	d	QUALITY OF CARE	900099	5,871,793.	5,871,793.		
	e	OTHER	900099	745,857.	703,508.	42,349.	
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		127,986,242.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,782,594.			5,782,594.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		5,450,417.			5,450,417.
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	979,838.				
	b	Less: rental expenses 6b	0.				
	c	Rental income or (loss) 6c	979,838.				
	d	Net rental income or (loss)		979,838.			979,838.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	21,297,347.	25,000,000.			
	b	Less: cost or other basis and sales expenses 7b	22,935,037.	5,483,391.			
	c	Gain or (loss) 7c	-1,637,690.	19,516,609.			
	d	Net gain or (loss)		17,878,919.			17,878,919.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		174,337,293.	114,290,944.	13,695,298.	30,091,768.

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 X

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	4,616,736.	4,616,736.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	15,760.	15,760.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,641,015.	5,199,633.	1,441,382.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	49,159,160.	38,489,539.	10,669,621.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,672,281.	2,875,240.	797,041.	
9 Other employee benefits	6,598,315.	5,166,201.	1,432,114.	
10 Payroll taxes	4,207,845.	3,294,564.	913,281.	
11 Fees for services (nonemployees):				
a Management				
b Legal	721,399.	681,188.	40,211.	
c Accounting	136,900.	2,500.	134,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	104,026.		104,026.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	24,842,957.	18,916,090.	5,926,867.	
12 Advertising and promotion	705,816.	693,882.	11,934.	
13 Office expenses	5,420,746.	3,834,822.	1,585,924.	
14 Information technology	9,692,065.	6,893,709.	2,798,356.	
15 Royalties				
16 Occupancy	3,198,932.	1,925,134.	1,273,798.	
17 Travel	5,802,064.	4,824,036.	978,028.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,612,159.	20,607,946.	4,213.	
20 Interest	1,073,425.	614,692.	458,733.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,852,923.	2,206,359.	1,646,564.	
23 Insurance	861,769.	624,700.	237,069.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a UBI TAX- FEDERAL AND ST	1,896,781.	1,896,781.		
b CLINICAL SITE PAYMENTS	1,336,000.	1,336,000.		
c BAD DEBT	315,147.		315,147.	
d OTHER	3,822.	3,822.		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	155,488,043.	124,719,334.	30,768,709.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		15,476,157.	2	9,395,785.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,423,325.	4	12,675,262.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,887,690.	9	8,339,401.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 90,209,121.			
	b	Less: accumulated depreciation	10b 37,019,482.	47,258,609.	10c	53,189,639.
	11	Investments - publicly traded securities		166,910,803.	11	208,311,312.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,495,441.	15	4,627,040.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		251,452,025.	16	296,538,439.
Liabilities	17	Accounts payable and accrued expenses		9,387,248.	17	11,247,077.
	18	Grants payable			18	
	19	Deferred revenue		46,146,231.	19	52,717,228.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		46,440,487.	23	43,521,229.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		5,143,153.	25	5,206,417.
	26	**Total liabilities.** Add lines 17 through 25		107,117,119.	26	112,691,951.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		143,605,840.	27	183,557,748.
	28	Net assets with donor restrictions		729,066.	28	288,740.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		144,334,906.	32	183,846,488.
	33	Total liabilities and net assets/fund balances		251,452,025.	33	296,538,439.

Form **990** (2023)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	174,337,293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,488,043.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,849,250.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	144,334,906.
5	Net unrealized gains (losses) on investments	5	20,662,332.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	183,846,488.

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number 13-6180380

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** 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 ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,525,300.	6,446,971.	7,826,511.	9,250,760.	16,259,283.	47,308,825.
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	123,116,955.	98,737,324.	80,888,354.	108,839,499.	114,290,944.	525,873,076.
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	130,642,255.	105,184,295.	88,714,865.	118,090,259.	130,550,227.	573,181,901.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			75,000.			75,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b			75,000.			75,000.
8 **Public support.** (Subtract line 7c from line 6.)						573,106,901.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	130,642,255.	105,184,295.	88,714,865.	118,090,259.	130,550,227.	573,181,901.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,610,595.	18,248,056.	15,214,892.	15,080,053.	12,212,849.	69,366,445.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,610,595.	18,248,056.	15,214,892.	15,080,053.	12,212,849.	69,366,445.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	7,776,132.	8,302,393.	7,677,032.	8,115,539.	6,952,857.	38,823,953.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	251,085.					251,085.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	147,280,067.	131,734,744.	111,606,789.	141,285,851.	149,715,933.	681,623,384.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	84.08 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	85.18 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	10.18 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	9.41 %

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in 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? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
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? *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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

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

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

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

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

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures	155,488,043.	
e Total exempt purpose expenditures (add lines 1c and 1d)	155,488,043.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number 13-6180380

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

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

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a 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 Tax 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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		54,234,015.	18,104,403.	36,129,612.
c Leasehold improvements		763,557.	760,108.	3,449.
d Equipment		13,153,695.	8,284,385.	4,869,310.
e Other		22,057,854.	9,870,586.	12,187,268.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				53,189,639.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION LIABILITY	3,205,311.
(3) OPERATING LEASE OBLIGATION	2,001,106.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	5,206,417.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH THE INCOME TAX TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION ("FASB ASC"). THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2020.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number
13-6180380

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	5	PROGRAM SERVICES	QUALITY OF CARE	1,062,285.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	OUTREACH & EDUCATION	75,268.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	OUTREACH & EDUCATION	78,366.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	OUTREACH & EDUCATION	71,366.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	OUTREACH & EDUCATION	17,690.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	OUTREACH & EDUCATION	44,233.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	OUTREACH & EDUCATION	41,378.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	OUTREACH & EDUCATION	3,132.
3 a Subtotal	0	5			1,393,718.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	5			1,393,718.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	WORLD CANCER LEADER'S SUMMIT	15,760.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

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.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

ASCO PROVIDED HONORARIA AND EXPENSE REIMBURSEMENTS TO MEETING SPEAKERS AND PRESENTERS. HONORARIA AND EXPENSE REIMBURSEMENTS WERE PAID DIRECTLY TO THE PRESENTERS.

PART I, LINE 3:

THE ACCRUAL METHOD WAS USED TO ACCOUNT FOR EXPENDITURES IN RELATION TO FOREIGN PROGRAM SERVICES.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number: 13-6180380

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET, NW 8TH FLOOR WASHINGTON, DC 20001	53-0196932	501(C)(3)	20,000.	0.			SPONSORSHIP - ROUNDTABLE ON GENOMICS AND PRECISION HEALTH
NATIONAL COALITION FOR CANCER SURVIVORSHIP - 8455 COLESVILLE RD, SUITE 930 - SILVER SPRINGS, MD 20910	85-0357897	501(C)(3)	10,000.	0.			CONTRIBUTION
HEALTH VOLUNTEERS OVERSEAS 1900 L STREET, NW STE 310 WASHINGTON, DC 20036	52-1485477	501(C)(3)	10,000.	0.			VOLUNTEER ONCOLOGY SITES
UNIVERSITY OF CHICAGO 5801 ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	74,167.	0.			CONTRIBUTION
BOARD OF REGENTS OF THE UNIVERSITY OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE ST SUITE 8000 - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	12,500.	0.			CONTRIBUTION
YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	130,000.	0.			CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 17.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM & WOMEN'S HOSPITAL INC. 75 FRANCIS ST BOSTON, MA 02116	04-2312909	501(C)(3)	25,000.	0.			CONTRIBUTION
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST RM 305 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	109,167.	0.			CANCER RESEARCH & EDUCATION
FOX CHASE CANCER CENTER 3509 N BROAD ST, RM 936 PHILADELPHIA, PA 19140	23-1352156	501(C)(3)	47,500.	0.			CONTRIBUTION
CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD SUITE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	3,652,500.	0.			CONTRIBUTION
UNIVERISTY OF CINCINNATI 51 GOODMAN DRIVE CINCINNATI, OH 45219	31-6000989	GOVT ENTITY	46,667.	0.			CONTRIBUTION
MAYO CLINIC JACKSONVILLE PO BOX 860334 MINNEAPOLIS, MN 55486-0334	59-3337028	501(C)(3)	82,400.	0.			CONTRIBUTION
JOHN HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	52-0595110	501(C)(3)	82,400.	0.			CONTRIBUTION
UNIVERSITY OF PITTSBURG 116 ATWOOD ST SUITE 201 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	15,000.	0.			CONTRIBUTION
UNIVERSITY OF FLORIDA PO BOX 14425 GAINSEVILLE, FL 32604	59-0974739	501(C)(3)	82,400.	0.			CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS 2200 SAN ANTONIO ST AUSTIN, TX 78705	27-0426799	501(C)(3)	82,400.	0.			CONTRIBUTION
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065	13-1924236	501(C)(3)	82,400.	0.			CONTRIBUTION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number: 13-6180380

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	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**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**	X	
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**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLIFFORD A. HUDIS, MD	(i)	1,049,613.	10,000.	1,188.	24,750.	0.	1,085,551.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DINA MICHELS, ESQ.	(i)	644,561.	40,000.	1,188.	24,750.	18,042.	728,541.	0.
SECRETARY, EVP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE R. GRALOW, MD	(i)	621,212.	10,000.	1,188.	24,750.	18,042.	675,192.	0.
EVP & CMO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CARMEN JACKSON	(i)	499,855.	15,000.	270.	24,750.	24,669.	564,544.	0.
CEO - CLQ	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NANCY DALY, MS, MPH	(i)	504,351.	10,000.	2,286.	24,750.	17,927.	559,314.	0.
EVP & CONQUER CANCER CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTOPHER MERLAN	(i)	464,954.	10,000.	774.	24,750.	19,981.	520,459.	0.
EVP & CHIEF DIGITAL OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LINDA JENSEN	(i)	463,824.	10,000.	3,708.	24,750.	18,042.	520,324.	0.
EVP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMIE VON ROENN, MD, MED	(i)	443,804.	10,000.	3,708.	24,750.	9,084.	491,346.	0.
VP, EDU., SCIENCE & PROF.	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHEN GRUBBS, MD	(i)	431,343.	10,000.	3,708.	24,750.	17,856.	487,657.	0.
VP, CARE DELIVERY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KRISTEN NEESE	(i)	360,954.	2,000.	414.	24,750.	19,981.	408,099.	0.
CHIEF MARKETING & COMMUNICATIONS OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAULA KING	(i)	351,574.	10,000.	1,188.	24,750.	19,981.	407,493.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DEBORAH KAMIN, PHD	(i)	343,251.	10,000.	3,708.	24,750.	17,927.	399,636.	0.
VP, POLICY/ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MELISSA TAI	(i)	339,395.	10,450.	270.	24,750.	24,531.	399,396.	0.
VP, CEIL & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SEAN KHOZIN, MD	(i)	395,769.	0.	0.	0.	0.	395,769.	0.
FORMER CLQ CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ANGELA COCHRAN	(i)	326,709.	10,000.	270.	24,750.	15,651.	377,380.	0.
VP, PUBLISHING	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) AMANDA DAVIS-AITKEN	(i)	328,455.	10,000.	180.	24,750.	8,999.	372,384.	0.
VICE PRESIDENT, MEETING SV	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(17) BARTON LAWYER	(i)	292,624.	10,000.	414.	22,500.	24,669.	350,207.	0.
VICE PRESIDENT - IT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

SEAN KHOZIN RECEIVED SEVERANCE IN THE AMOUNT OF $395,769 IN 2023.

PART I, LINE 7:

THE ORGANIZATION HAS A DISCRETIONARY BONUS PLAN UNDER WHICH SELECTED EMPLOYEES, INCLUDING OFFICERS, KEY EMPLOYEES, AND OTHER EMPLOYEES ARE COMPENSATED BASED ON PERFORMANCE AND THE ACHIEVEMENT OF ORGANIZATIONAL GOALS. BONUSES FOR KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES ARE APPROVED BY THE CHIEF EXECUTIVE OFFICER WITH REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD, WHERE APPROPRIATE. BONUSES FOR THE CHIEF EXECUTIVE OFFICER, IF ANY, ARE REVIEWED BY THE COMPENSATION COMMITTEE AS PART OF THE CHIEF EXECUTIVE OFFICER'S ANNUAL COMPENSATION REVIEW PROCESS, AND APPROVED BY THE BOARD OF DIRECTORS. IN ADDITION, THE ORGANIZATION AWARDS MODEST AMOUNTS TO EMPLOYEES ON ACHIEVING CERTAIN NUMBER OF YEARS OF EMPLOYMENT. FROM TIME TO TIME, THE ORGANIZATION MAY MAKE STANDARD PAYMENTS TO ITS EMPLOYEES IN GOOD STANDING WITH MINIMUM TIME OF EMPLOYMENT TO RECOGNIZE EFFORT AND COMMITMENT TO THE ORGANIZATION'S GOALS IN THAT YEAR.

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

ASCO IS A PROFESSIONAL ONCOLOGY SOCIETY COMMITTED TO CONQUERING CANCER THROUGH RESEARCH, EDUCATION, AND PROMOTION OF THE HIGHEST QUALITY, EQUITABLE PATIENT CARE.

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

SCIENTIFIC & MEDICAL EDUCATION:

ASCO'S MEETING PORTFOLIO DELIVERS TO ASCO'S CORE AUDIENCE OF HEALTH PROFESSIONALS, THE SCIENCE AND EDUCATION CRITICAL TO IMPROVING PATIENT CARE AND CLINICAL PRACTICE BY HOSTING CONFERENCES THAT BRING TOGETHER FACULTY AND PRACTITIONERS BOTH IN-PERSON AND ONLINE. IN 2023, ASCO'S PREMIER ANNUAL MEETING, THROUGH OVER 220 SESSIONS, REACHED AN AUDIENCE OF 36,750 PROFESSIONALS, INCLUDING OVER 14,000 PROFESSIONALS FROM 140 NON-US COUNTRIES, BOTH IN-PERSON AND ONLINE. THROUGH ASCO'S ADDITIONAL MEETINGS, THE ASCO GASTROINTESTINAL CANCERS SYMPOSIUM, THE ASCO GENITOURINARY CANCERS SYMPOSIUM, THE ASCO QUALITY CARE SYMPOSIUM, ASCO BREAKTHROUGH, AND THE BEST OF ASCO ANNUAL MEETING, A FURTHER 11,325 PROFESSIONALS, OVER 4,600 OF WHOM WERE OUTSIDE THE UNITED STATES, BENEFITED FROM THE EDUCATION, SCIENCE, AND NETWORKING THAT ASCO PROVIDED.

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

QUALITY OF CARE INITIATIVES - CANCERLINQ, QUALITY MEASURES, GUIDELINES AND QOPI:

QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI). A QUALITY SELF ASSESSMENT AND IMPROVEMENT PROGRAM FOR OUTPATIENT MEDICAL ONCOLOGY AND

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HEMATOLOGY-ONCOLOGY PRACTICES: QOPI PROVIDES A WEB-BASED DATA COLLECTION TOOL THAT ALLOWS PRACTICES TO 1) REPORT ON VARIOUS CANCER CARE QUALITY MEASURES, 2) RECEIVE ANALYZED DATA ON PRACTICE PERFORMANCE, AND 3) COMPARE PERFORMANCE AGAINST THEIR PEERS FOR DATA-DRIVEN IMPROVEMENT ACTIVITIES. PRACTICES PARTICIPATE ANNUALLY AND OVER 263 PRATICES PARTICAPTED IN 2023.

QUALITY TRAINING PROGRAM. ASCO'S QUALITY TRAINING PROGRAM IS DESIGNED TO EDUCATE AND TRAIN HEMATOLGY-ONOCOLOGY PRACTICE TEAMS, THE TECHNIQUES OF CLINICAL CARE AND OPERATIONAL PERFORMANCE QUALITY IMPROVEMENT. RECENT PARTICPANTS HAVE INCLUDED, BY INTENTIONAL RECRUITMENT, PRACTICES SERVING URBAN AND RURAL UNDERSERVED POPULATIONS ADRESSING HEALTH DISPARITY. 290 ONCOLOGY PROFESSIONALS RECEIVED TRAINING IN 2023.

GUIDELINES:

A CRITICAL COMPONENT OF THE SOCIETY'S QUALITY EFFORTS, THE ASCO GUIDELINES PROGRAM ACTIVELY ENGAGES WITH MORE THAN 1,000 ASCO MEMBER VOLUNTEERS, ON A YEARLY BASIS, TO DEVELOP EVIDENCE AND EXPERT-DRIVEN RECOMMENDATIONS THAT INFORM HIGH-QUALITY AND EQUITABLE CANCER CARE WORLDWIDE. ASCO'S GUIDELINES PROGRAM WHICH INCLUDES TRADITIONAL AS WELL AS LIVING CLINICAL PRACTICE GUIDELINES, UPDATES, AND ORGANIZATIONAL STANDARDS, FOCUSES ON CONTENT AREAS WITH IDENTIFIED KNOWLEDGE GAPS, HIGH UNCERTAINTY, OR UNMET AND PRESSING CLINICAL NEEDS FACING ONCOLOGY CARE TEAMS IN CLINICAL PRACTICE.

ASCO'S GUIDELINES RESOURCES ARE DESIGNED TO PROMOTE GUIDELINE-CONCORDANT CANCER CARE AT THE CLINICIAN, CAREGIVER, AND PATIENT LEVEL. FOR PATIENTS AND CAREGIVERS, COMPLEX GUIDELINE

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INFORMATION IS DISTILLED AND PRESENTED IN A USER-FRIENDLY FORMAT THROUGH ASCO'S CANCER.NET. FOR CLINICIANS, THESE TOOLS ARE OFFERED THROUGH CONCISE PRACTICE-FACING COMPANION ARTICLES, SUMMARY RECOMMENDATION TABLES, ALGORITHMS, PODCASTS, VISUAL ABSTRACTS, AND OTHER RESOURCES THAT ARE ACCESSIBLE THROUGH ASCO JOURNALS, THE ASCO WEBSITE, AND THE ASCO GUIDELINES APP.

PUBLISHED AS A REGULAR, AND OFTEN MOST READ, FEATURE IN THE JOURNAL OF CLINICAL ONCOLOGY (JCO) WITH OVER 1.3 MILLION DOWNLOADS IN 2023, GUIDELINES ALSO SERVE AS THE EVIDENCE FOUNDATION FOR ASCO'S MEMBER EDUCATION, PATIENT EDUCATION, POLICY, CARE DELIVERY, AND QUALITY EFFORTS, ALL WITH THE GOAL OF CANCER TREATMENT AND CARE INFORMED BY THE HIGHEST QUALITY EVIDENCE AND EXPERT INTERPRETATION, INTEGRATED INTO GLOBAL PRACTICE AT THE POINT OF PATIENT CARE. ASCO TYPICALLY ENGAGES 30-40 GUIDELINE EXPERT PANELS AT ANY GIVEN TIME AND PUBLISHES BETWEEN 20-25 NEW OR UPDATED GUIDELINES EACH YEAR; WITH A GROWING LIBRARY OF GUIDELINE SUMMARIES THAT HAVE BEEN TRANSLATED INTO SPANISH.

TWENTY-THREE GUIDELINE PRODUCTS WERE PUBLISHED IN THE JCO IN 2023, INCLUDING SEVERAL RAPID UPDATES AND MULTIPLE ITERATIONS OF ASCO'S COMPREHENSIVE LIVING GUIDELINE ADDRESSING THE CARE OF PATIENTS WITH METASTATIC NON-SMALL CELL LUNG CANCER. IN ADDITION, 13 COMPANION ARTICLES PROVIDING GUIDELINE CLINICAL INSIGHTS WERE PUBLISHED IN THE JCO ONCOLOGY PRACTICE.

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

RESEARCH INITIATIVES - TAPUR/CENTRA:

ASCO'S CENTER FOR RESEARCH AND ANALYTICS LEADS ASCO'S RESEARCH EFFORTS, INCLUDING ITS CLINICAL CANCER RESEARCH PROGRAMS. MAJOR PROGRAMS AND

Name of the organization: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

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PROJECTS INCLUDE: (1) THE TARGETED AGENT AND PROFILING UTILIZATION REGISTRY WHICH IS PRECISION MEDICINE BASKET TRIAL INVESTIGATING THE EFFICACY OF MORE THAN 15 DIFFERENT ANTI-CANCER TARGETED AGENTS IN PATIENTS WITH ADVANCED CANCERS AND HAS ENROLLED ALMOST THAN 3,000 PATIENTS SINCE IT OPENED IN 2016 AND CONTINUES TO PUBLISH TRIAL RESULTS IN PEER-REVIEWED CLINICAL CANCER RESEARCH JOURNALS AND PRESENT RESULTS AT CLINICAL CANCER RESEARCH CONFERENCES; (2) ASCO'S COVID-19 REGISTRY WHICH INCLUDES A DATABASE OF OVER 6,000 PATIENTS WITH CANCER AND COVID-19 FROM 2020 TO 2022 AND RESEARCH ON THE DATABASE BY CENTRA STAFF AND MADE AVAILABLE TO EXTERNAL RESEARCHERS (THE REGISTRY CLOSED TO DATA COLLECTION AT THE END OF 2023 ALTHOUGH DATA IS STILL AVAILABLE FOR USE); (3) ASCO'S MEMBER RESEARCH SURVEY POOL, WHICH FACILITATES RESEARCH OF CANCER CARE PROVIDERS BY DISSEMINATING SURVEYS FROM MERITORIOUS SURVEY RESEARCH PROJECTS TO ASCO MEMBERS WHO HAVE AGREED TO BE A PART OF THE SURVEY POOL; (4) THE STATE OF CANCER CARE IN AMERICA PROGRAM, WHICH ASSESSES AND REPORTS ON AND REPORT ON THE STATE OF AND CHANGES IN CANCER CARE IN THE US; (5) ASCO'S WORK IN IMPROVING ACCESS TO CLINICAL TRIALS THROUGH TRAINING FOR SITES AND WORKING TO COMBAT BARRIERS TO ENROLLMENT FOR UNDER-REPRESENTED POPULATIONS OF PATIENTS; AND (6) THE START-UP FOR A NEW CLINICAL RESEARCH STUDY, THE CDK4/6 INHIBITOR DOSING STUDY, WHICH WILL OPEN TO ENROLLMENT IN 2024 AND EVALUATES STANDARD VS. TITRATED DOSING APPROACHES FOR PATIENTS AGE 65 AND OLDER WITH HR+/HER2- METASTATIC BREAST CANCER. CENTRA ALSO SUPPORTS WORKSHOPS, MEETINGS, AND RESEARCH PROJECTS WITH OTHER STAKEHOLDERS IN CANCER RESEARCH, INCLUDING THE NCI, THE FDA'S ONCOLOGY CENTER FOR EXCELLENCE, AND OTHER NON-PROFIT GROUPS, SUCH AS THE FRIENDS OF CANCER RESEARCH.

Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

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

EXAMPLES OF OTHER PROGRAMS:

SCIENTIFIC PUBLICATIONS: ASCO PRODUCES A NUMBER OF PROFESSIONAL PUBLICATIONS AND GENERAL PUBLICATIONS FOCUSED ON CLINICAL ONCOLOGY.

ASCO PUBLISHES HIGH-QUALITY, PEER-REVIEWED SCIENTIFIC PAPERS IN ITS JOURNALS:

- JOURNAL OF CLINICAL ONCOLOGY (JCO)
- JCO GLOBAL ONCOLOGY (JCO GO)
- JCO CLINICAL CANCER INFORMATICS (JCO CCI)
- JCO PRECISION ONCOLOGY (JCO PO)
- JCO ONCOLOGY PRACTICE (JCO OP)
- ASCO DAILY NEWS

ASCO ALSO PROVIDES CONTENT AND DISTRIBUTION LISTS FOR TRADE PUBLICATIONS. WHILE NOT OWNED OR PUBLISHED BY ASCO, THE PUBLICATIONS COVER NEWS AND INFORMATION OF INTEREST TO THE PROFESSIONAL ONCOLOGY COMMUNITY.

CENTER FOR GLOBAL IMPACT:

ASCO'S INTERNATIONAL AFFAIRS DEPARTMENT HAS TRANSITIONED TO THE CENTER FOR GLOBAL IMPACT (CGI). CGI PARTNERS ACROSS ASCO AND ONCOLOGY COMMUNITIES WORLDWIDE TO INTEGRATE GLOBAL PERSPECTIVES INTO ASCO STRATEGIES AND OPERATIONS, AND TO CATALYZE AND ADVANCE ASCO'S GLOBAL IMPACT GOALS AS DIRECTED BY THE SOCIETY'S MISSION, VISION, AND STRATEGIC PLANS. CGI SERVES AS A RESOURCE ACROSS ASCO FOR GLOBAL ISSUES RELEVANT TO ASCO, WITH A PARTICULAR EMPHASIS ON VOLUNTEER ENGAGEMENT, DIPLOMACY, STRATEGIC PLANNING, PROGRAM DELIVERY, AND GLOBAL OPERATIONS.

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IT DOES THIS THROUGH THE FOLLOWING:

JOINT SESSIONS (INTERNATIONAL CANCER CONFERENCES)

THE INTERNATIONAL CANCER CORPS' (ICC)

THE INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (IDEA)

EXPENSES $ 28,526,865. INCL GRANTS OF $ 4,187,316. REVENUE $ 17,943,251.

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

AS OF DECEMBER 31, 2023, THE BOARD OF DIRECTORS OF ASCO INCLUDED 18 MEMBERS WITH THE RIGHT TO VOTE ON ALL MATTERS THAT COME BEFORE THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ALSO INCLUDED TWO EX-OFFICIO DIRECTORS WITHOUT THE RIGHT TO VOTE, WHO WERE THE CHIEF EXECUTIVE OFFICER OF ASCO (CEO) AND THE CHAIR OF THE BOARD OF DIRECTORS OF ASCO'S RELATED 501(C)(3) ORGANIZATION, THE CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY. DURING THE REPORTING YEAR, THE BOARD OF DIRECTORS DELEGATED AUTHORITY TO ACT ON ITS BEHALF TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, CONSISTENT WITH ASCO'S BYLAWS. PURSUANT TO THE BYLAWS, THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE ARE THE PRESIDENT, THE PRESIDENT-ELECT, THE CHAIR, THE PAST PRESIDENT, THE TREASURER, THE TREASURER-ELECT, AND THOSE DIRECTORS SERVING THE FINAL YEAR OF THEIR PRESENT TERMS. THE CEO IS A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. ALL EXECUTIVE COMMITTEE MEMBERS ARE MEMBERS OF ASCO'S BOARD OF DIRECTORS. THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY IS ESTABLISHED BY ASCO'S BYLAWS, WHICH PROVIDE THAT, EXCEPT TO THE EXTENT SPECIFICALLY PROHIBITED BY RESOLUTION OF THE BOARD OF DIRECTORS OR OTHERWISE PROHIBITED BY LAW, THE EXECUTIVE COMMITTEE OF THE BOARD IS EMPOWERED TO MAKE AND IMPLEMENT MAJOR DECISIONS BETWEEN BOARD MEETINGS, AND IT MAY ACT ON ITEMS REQUIRING ACTION PRIOR TO THE NEXT ANNOUNCED MEETING OF THE BOARD OF DIRECTORS. ALL ACTIONS

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OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE, CONSISTENT WITH ASCO'S BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6:

ALL ASCO MEMBERS MUST BE ONCOLOGY MEDICAL PROFESSIONALS, DEFINED AS INDIVIDUALS WHO MEET ANY OF THE FOLLOWING QUALIFICATIONS:

(1) INDIVIDUALS WHOSE PROFESSIONAL CREDENTIALS AND ACTIVITIES INVOLVE CANCER PATIENT CARE AND/OR RESEARCH, EDUCATION, OR ADVOCACY IN THE BIOLOGY, DIAGNOSIS, PREVENTION OR TREATMENT OF HUMAN CANCER;

(2) INDIVIDUALS WHO ARE RETIRED FROM PROFESSIONAL ACTIVITIES, BUT WHOSE PROFESSIONAL ACTIVITIES PRIOR TO RETIREMENT INCLUDED THOSE SET FORTH ABOVE;

(3) INDIVIDUALS WHO ARE STUDENTS TRAINING TO BE PROFESSIONALS DESCRIBED ABOVE.

VOTING MEMBERS ARE ONCOLOGY MEDICAL PROFESSIONALS WHO HAVE BEEN AWARDED AND HOLD THE DEGREE OF DOCTOR OF MEDICINE, DOCTOR OF OSTEOPATHY, DOCTOR OF PHILOSOPHY, DOCTOR OF PHARMACY, DOCTOR OF MEDICAL SCIENCE, DOCTOR OF NURSING SCIENCE, DOCTOR OF NURSING PRACTICE, OR EQUIVALENT DOCTORAL-LEVEL DEGREE AS DETERMINED FROM TIME TO TIME BY ASCO AND THE ASSOCIATION. ONLY VOTING MEMBERS ARE ELIGIBLE TO VOTE OR SERVE ON THE BOARD OF DIRECTORS, ON THE NOMINATING COMMITTEE, OR AS ELECTED OFFICERS.

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

VOTING MEMBERS OF ASCO ELECT ALL VOTING MEMBERS OF THE ASCO BOARD OF DIRECTORS.

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

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

ASCO'S CERTIFICATE OF INCORPORATION MAY ONLY BE AMENDED UPON THE VOTE OF THE MEMBERS ENTITLED TO VOTE, AND THE BYLAWS MAY ONLY BE AMENDED, AND DISSOLUTION OF THE CORPORATION MAY ONLY BE APPROVED WITH THE APPROVAL OF BOTH THE BOARD OF DIRECTORS AND VOTING MEMBERS OF ASCO.

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

AN ELECTRONIC COPY OF THE FINAL FORM WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS, AND WAS REVIEWED BY THE VICE PRESIDENT & CHIEF FINANCIAL OFFICER; THE CHIEF EXECUTIVE OFFICER; AND THE EXECUTIVE VICE PRESIDENT & CHIEF OPERATING OFFICER & CHIEF LEGAL OFFICER PRIOR TO FILING.

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

ASCO MAINTAINS A NUMBER OF WRITTEN CONFLICTS OF INTEREST POLICIES AND STANDARDS REGARDING THE DISCLOSURE AND MANAGEMENT OF CONFLICTS OF INTEREST. THESE POLICIES AND STANDARDS COVER ALL ASCO MEMBERS AND EMPLOYEES, DIRECTORS, OFFICERS, COMMITTEE MEMBERS, AND CERTAIN FAMILY MEMBERS (E.G. SPOUSE, DEPENDENT CHILDREN). COVERED INDIVIDUALS ARE ASKED TO DISCLOSE FINANCIAL INTERESTS IN OR OTHER RELATIONSHIPS WITH ENTITIES THAT HAVE RELEVANT COMMERCIAL INTERESTS, INCLUDING EMPLOYMENT OR LEADERSHIP POSITIONS, CONSULTANT OR ADVISORY ROLES, STOCK OWNERSHIP, HONORARIA, RESEARCH FUNDING, AND SERVICE AS AN EXPERT WITNESS. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE SERVICE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF ANY OTHER PROFESSIONAL OR ADVOCACY ORGANIZATION RELATING TO SCIENCE OR HEALTH CARE. COMPLETION OF A DISCLOSURE FORM IS REQUIRED AT THE INITIATION OF SERVICE AND UPDATED ANNUALLY THEREAFTER AND WHEN ANY MATERIAL CHANGES OCCUR. ASCO'S CONFLICT OF INTEREST POLICIES ARE

INTENDED TO HELP GUIDE THE MANAGEMENT OF ACTUAL, POTENTIAL, AND PERCEIVED CONFLICTS OF INTEREST THROUGH DISCLOSURE OF FINANCIAL INTERESTS OR OTHER RELATIONSHIPS. WHERE THE NATURE AND EXTENT OF A FINANCIAL RELATIONSHIP SUGGEST DISCLOSURE IS NOT ADEQUATE TO MANAGE A REAL OR POTENTIAL CONFLICT, COVERED INDIVIDUALS ARE REQUIRED TO RECUSE THEMSELVES FROM DECISION-MAKING. RECUSAL MAY BE SELF-SELECTED, OR MAY BE REQUESTED BY THE COMMITTEE CHAIR, OFFICER, OR EXECUTIVE-LEVEL STAFF MEMBERS. IN ADDITION, IF ASCO WERE TO CONTEMPLATE ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY INTERESTED PERSON (I.E. AN ASCO DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF AN ASCO COMMITTEE WITH BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE TRANSACTION), IT MUST FOLLOW A SPECIFIC PROCEDURE TO MANAGE THE CONFLICT, INCLUDING CONSIDERING ALTERNATIVE TRANSACTIONS THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF CHIEF EXECUTIVE OFFICER (CEO): THE DUTIES OF THE CEO OF ASCO INCLUDE SERVING AS: THE CEO OF ASCO, THE EXECUTIVE VICE CHAIR OF ASCO'S NON-PROFIT, 501(C)(3) TAX- EXEMPT RELATED ORGANIZATION, CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (CC); THE CEO OF ASCO'S NON-PROFIT, 501(C)(6) TAX-EXEMPT RELATED ORGANIZATION, ASCO ASSOCIATION (D/B/A ASSOCIATION FOR CLINICAL ONCOLOGY)(ASSOCIATION), THE PRESIDENT OF QOPI CERTIFICATION PROGRAM, LLC; THE PRESIDENT OF ASCO LEASING LLC, AND THE CHAIR OF THE BOARD OF GOVERNORS OF CANCERLINQ LLC. ALL ORGANIZATIONS LISTED ARE RELATED ORGANIZATIONS OF ASCO. THE WRITTEN EMPLOYMENT CONTRACT BETWEEN THE CEO AND ASCO ADDRESSES COMPENSATION OF THE CEO. THE COMPENSATION OF THE CEO WAS DETERMINED BY THE ASCO BOARD OF DIRECTORS, FOLLOWING THE REVIEW AND RECOMMENDATION OF THE BOARD

Name of the organization: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number: 13-6180380

COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE CONSULTED WITH INDEPENDENT LEGAL COUNSEL AND ITS INDEPENDENT COMPENSATION CONSULTANT.

THE INDEPENDENT COMPENSATION CONSULTANT COLLECTED AND REPORTED ON COMPARABLE MARKET DATA (INCLUDING DATA ON COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS) AND PROVIDED ITS OPINION THAT THE COMPENSATION FOR THE CEO WAS REASONABLE. THE REVIEW, RECOMMENDATION, AND DETERMINATION OF THE CEO'S COMPENSATION BASED ON THE ABOVE-DESCRIBED PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2023.

THE COMPENSATION OF THE FOLLOWING POSITIONS WAS CONSIDERED AND APPROVED BY THE ASCO BOARD COMPENSATION COMMITTEE, AFTER RECEIVING THE RECOMMENDATION OF THE CEO AND AN INDEPENDENT COMPENSATION CONSULTANT. THE INDEPENDENT COMPENSATION CONSULTANT COLLECTED AND REPORTED ON COMPARABLE MARKET DATA (INCLUDING DATA ON COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS) AND PROVIDED ITS OPINION THAT THE COMPENSATION FOR EACH OF THE POSITIONS WAS REASONABLE.

- EXECUTIVE VICE PRESIDENT & CHIEF OPERATING OFFICER & CHIEF LEGAL OFFICER & ASCO SECRETARY (EVP & COO): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & COO BASED ON THE ABOVE DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2023. THE EVP & COO'S COMPENSATION WAS ALSO REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, AS REQUIRED UNDER STATE LAW.

- EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER (EVP & CFO): THE

Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number 13-6180380

CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CFO BASED ON THE ABOVE-DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2023.

- EXECUTIVE VICE PRESIDENT & CHIEF MEDICAL OFFICER (EVP & CMO): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CMO BASED ON THE ABOVE-DESCRIBED PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2023.

- EXECUTIVE VICE PRESIDENT & CHIEF DIGITAL OFFICER (EVP & CDO): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CDO BASED ON THE ABOVE-DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2023.

- EXECUTIVE VICE PRESIDENT OF ASCO & CHIEF EXECUTIVE OFFICER OF THE CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (EVP & CC CEO): THE EVP & CC CEO IS AN EMPLOYEE OF ASCO. THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CC CEO BASED ON THE ABOVE-DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2023.

- EXECUTIVE VICE PRESIDENT OF ASCO & CHIEF EXECUTIVE OFFICER OF CANCERLINQ LLC (EVP & CLQ CEO): THE EVP & CLQ CEO IS AN EMPLOYEE OF ASCO. THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CC CEO BASED ON THE ABOVE-DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2023.

FORM 990, PART VI, SECTION C, LINE 18:

ASCO'S FORM 1023, 990 AND 990-T ARE MADE AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST.

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

ASCO'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC FROM ASCO UPON

Name of the organization: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number: 13-6180380

REQUEST. ASCO'S CERTIFICATE OF INCORPORATION IS ALSO AVAILABLE TO THE PUBLIC THROUGH THE SECRETARY OF STATE OF NEW YORK. ASCO'S CONFLICT OF INTEREST POLICY IS POSTED ON ASCO'S WEBSITE AND IS AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	18,916,090.
MANAGEMENT AND GENERAL EXPENSES	5,926,867.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,842,957.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	24,842,957.

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

2023

Open to Public Inspection

Name of the organization: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number: 13-6180380

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASCO LEASING LLC - 27-3378225 2318 MILL RD, SUITE 800 ALEXANDRIA, VA 22314	RENTAL	VIRGINIA	0.	0.	ASCO
CANCERLINQ LLC - 47-2315885 2318 MILL RD, SUITE 800 ALEXANDRIA, VA 22314	QUALITY IMPV	VIRGINIA	7,558,629.	0.	ASCO

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
CONQUER CANCER FOUNDATION OF ASCO - 31-1667995, 2318 MILL RD, SUITE 800, ALEXANDRIA, VA 22314	GRANTMAKING	VIRGINIA	501(C)(3)	LINE 7	ASCO	X	
ASCO ASSOCIATION - 83-3561693 2318 MILL RD, SUITE 800 ALEXANDRIA, VA 22314	MEMBER SERVS	VIRGINIA	501(C)(6)		ASCO	X	
ASCO ASSOCIATION POLITICAL ACTION COMM - 84-4213157, 2318 MILL RD, SUITE 800, ALEXANDRIA, VA 22314	ADVOCACY	VIRGINIA	527		ASCO ASSOC		X

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
CANCERLINQ LABS LLC - 88-1804716 2318 MILL ROAD, SUITE 800 ALEXANDRIA, VA 22314	DATABASE TECHNOLOGY	VA	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CONQUER CANCER FOUNDATION OF ASCO	B	3,652,500.	FMV
(2)	CONQUER CANCER FOUNDATION OF ASCO	C	7,804,140.	FMV
(3)	ASCO ASSOCIATION	N	821,288.	FMV
(4)	CONQUER CANCER FOUNDATION OF ASCO	N	158,550.	FMV
(5)	ASCO ASSOCIATION	Q	856,123.	FMV
(6)	CONQUER CANCER FOUNDATION OF ASCO	Q	8,910,923.	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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

CARRYOVER DATA TO 2024

Name	Employer Identification Number
AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.	13-6180380

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL CONTRIBUTION - 50% CASH	10,239,947.
CA CONTRIBUTION - 50% CASH	13,276,009.

319341
04-01-23

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, I FEIN: 13-6180380

Type and Entity: CONTRIBUTION - 50% CASH FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2021	3,307,243.										
B	2022	3,140,743.										
C	2023	3,791,961.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, I FEIN: 13-6180380

Type and Entity: CONTRIBUTION - 50% CASH CA

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2021	3,235,007.										
B	2022	3,068,633.										
C	2023	6,972,369.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
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S													
T													
U													
V													
W													

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2023 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

D Employer identification number
13-6180380

Number, street, and room or suite no. If a P.O. box, see instructions.
2318 MILL ROAD, 800

E Group exemption number (see instructions)

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

F ☐ Check box if an amended return.

C Book value of all assets at end of year ..... 296,538,439.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of MELINDA O'LEARY, CFO Telephone number (571)483-1300

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	7,726,397.
2	Reserved	2	
3	Add lines 1 and 2	3	7,726,397.
4	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	772,540.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	6,953,857.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	6,953,857.
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	6,952,857.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	1,460,100.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	1,460,100.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	1,460,100.
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	1,460,100.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.

Part III Tax and Payments *(continued)*

6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	1,710,000.		
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	1,710,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		X	8	1,890.
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	248,010.
11	Enter the amount of line 10 you want: **Credited to 2024 estimated tax** **Refunded**			11	248,010.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title
		CFO

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	11/13/24		P01273422

Firm's name	COHNREZNICK LLP	Firm's EIN	22-1478099
Firm's address	7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814	Phone no.	301-652-9100

FORM 990-T CONTRIBUTIONS STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS CASH CONTRIBUTIONS	N/A	4,564,501.
TOTAL TO FORM 990-T, PART I, LINE 4		4,564,501.

FORM 990-T CONTRIBUTIONS SUMMARY STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT			
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2018			
FOR TAX YEAR 2019			
FOR TAX YEAR 2020			
FOR TAX YEAR 2021	3,307,243		
FOR TAX YEAR 2022	3,140,743		
TOTAL CARRYOVER		6,447,986	
TOTAL CURRENT YEAR 10% CONTRIBUTIONS		4,564,501	
TOTAL CONTRIBUTIONS AVAILABLE		11,012,487	
TAXABLE INCOME LIMITATION AS ADJUSTED		772,540	
EXCESS CONTRIBUTIONS		10,239,947	
EXCESS 100% CONTRIBUTIONS		0	
TOTAL EXCESS CONTRIBUTIONS		10,239,947	
ALLOWABLE CONTRIBUTIONS DEDUCTION			772,540
TOTAL CONTRIBUTION DEDUCTION			772,540

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

B Employer identification number 13-6180380

C Unrelated business activity code (see instructions) 541800

D Sequence: 1 of 2

E Describe the unrelated trade or business ADVERTISING INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____ **b** Less returns and allowances _____ **c** Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10	7,821,498.	2,179,260.	5,642,238.
11 Advertising income (Part IX)	11	5,831,451.	2,498,646.	3,332,805.
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	13,652,949.	4,677,906.	8,975,043.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement). See instructions			5	
6 Taxes and licenses			6	545,990.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	727,326.
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement) SEE STATEMENT 3			14	2,000.
15 **Total deductions.** Add lines 1 through 14			15	1,275,316.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	7,699,727.
17 Deduction for net operating loss. See instructions			17	0.
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	7,699,727.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2023**

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: EXPLOITED EXEMPT ACTIVIT		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	7,821,498.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	2,179,260.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	5,642,238.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	727,326.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	727,326.

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. STATEMENT 7

A [X] PERIODICALS

B [ ]

C [ ]

D [ ]

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income	5,831,451.			
	Add columns A through D. Enter here and on Part I, line 11, column (A)				5,831,451.
a					
3	Direct advertising costs by periodical	2,498,646.			
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				2,498,646.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	3,332,805.			
5	Readership costs	2,461,888.			
6	Circulation income	5,920,338.			
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
ACCOUNTING FEES	2,000.
TOTAL TO SCHEDULE A, PART II, LINE 14	2,000.

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
		2,179,260.	
- SUBTOTAL -	1		2,179,260.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3			2,179,260.

FORM 990-T (A) PART VIII - EXPENSES NOT DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
		727,326.	
- SUBTOTAL -	1		727,326.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 6			727,326.

SEPARATE PERIODICALS INCLUDED IN A CONSOLIDATED PERIODICAL STATEMENT 7

		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
PERIODICALS	- JOURNAL OF CLINICAL ONCOLOGY	4545132.	1947487.	4614412.	1918837.
	- JCO ONCOLOGY PRACTICE	503,512.	215,744.	511,187.	212,570.
	- JCO GLOBAL ONCOLOGY	248,187.	106,343.	251,970.	104,778.
	- JCO PRECISION ONCOLOGY	331,636.	142,098.	336,691.	140,008.
	- JCO CLINICAL CANCER INFORMATICS	202,984.	86,974.	206,078.	85,695.
	SUBTOTAL	5831451.	2498646.	5920338.	2461888.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

B Employer identification number 13-6180380

C Unrelated business activity code (see instructions) 561000

D Sequence: 2 of 2

E Describe the unrelated trade or business TRANSITION SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) STMT 6	12	42,349.		42,349.
13 **Total.** Combine lines 3 through 12	13	42,349.		42,349.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	15,679.
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	**Total deductions.** Add lines 1 through 14		15	15,679.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	26,670.
17	Deduction for net operating loss. See instructions		17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16		18	26,670.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2023**

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a					
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) OTHER INCOME STATEMENT 6

DESCRIPTION	AMOUNT
TRANSITION SERVICES	42,349.
TOTAL TO SCHEDULE A, PART I, LINE 12	42,349.

Form **2220**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. FORM 990-T

Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2023

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number: 13-6180380

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	1,460,100.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c	Credit for federal tax paid on fuels (see instructions)	2c		
d	**Total.** Add lines 2a through 2c		2d	
3	Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty		3	1,460,100.
4	Enter the tax shown on the corporation's 2022 income tax return. See instructions. **Caution:** If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	1,704,053.
5	**Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	1,460,100.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 ☐ The corporation is using the adjusted seasonal installment method.

7 ☐ The corporation is using the annualized income installment method.

8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9	**Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (**Form 990-PF filers:** Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	04/15/23	06/15/23	09/15/23	12/15/23
10	**Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	365,025.	365,025.	365,025.	365,025.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions		840,000.	420,000.	450,000.
	Complete lines 12 through 18 of one column before going to the next column.				
12	Enter amount, if any, from line 18 of the preceding column			109,950.	164,925.
13	Add lines 11 and 12		840,000.	529,950.	614,925.
14	Add amounts on lines 16 and 17 of the preceding column		365,025.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	0.	474,975.	529,950.	614,925.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		0.	0.	
17	**Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	365,025.			
18	**Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column		109,950.	164,925.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. **(C corporations with tax years ending June 30 and S corporations:** Use 3rd month instead of 4th month. **Form 990-PF and Form 990-T filers:** Use 5th month instead of 4th month.) See instructions	19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023	21				
22 Underpayment on line 17 x Number of days on line 21 / 365 x 7% (0.07)	22	$	$	$	$
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023	23				
24 Underpayment on line 17 x Number of days on line 23 / 365 x 7% (0.07)	24	$	$	$	$
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024	25				
26 Underpayment on line 17 x Number of days on line 25 / 365 x 8% (0.08)	26	$	$	$	$
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE ATTACHED WORKSHEET			
28 Underpayment on line 17 x Number of days on line 27 / 366 x 8% (0.08)	28	$	$	$	$
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024	29				
30 Underpayment on line 17 x Number of days on line 29 / 366 x *%	30	$	$	$	$
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024	31				
32 Underpayment on line 17 x Number of days on line 31 / 366 x *%	32	$	$	$	$
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025	33				
34 Underpayment on line 17 x Number of days on line 33 / 366 x *%	34	$	$	$	$
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025	35				
36 Underpayment on line 17 x Number of days on line 35 / 365 x *%	36	$	$	$	$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	$	$	$	$

38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns ..... **38** $ 1,890.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 800-829-4933 to get interest rate information.

FORM 990-T

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number
AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.	13-6180380

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/23	365,025.	365,025.	27	.000191781	1,890.
05/12/23	-420,000.	-54,975.			
06/14/23	-420,000.	-474,975.			
06/15/23	365,025.	-109,950.			
09/15/23	365,025.	255,075.			
09/15/23	-420,000.	-164,925.			
09/30/23	0.	-164,925.	74	.000219178	
12/13/23	-450,000.	-614,925.			
12/15/23	365,025.	-249,900.			
12/31/23	0.	-249,900.	136	.000218579	

Penalty Due (Sum of Column F). ..... 1,890.

* Date of estimated tax payment, withholding credit date or installment due date.

Form **4626**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax-Corporations

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2023

Name

AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Employer identification number

13-6180380

A Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ..... ☐ **Yes** ☒ **No**
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).

B Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ **Yes** ☒ **No**
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

			(a) First Preceding Year Ended	**(b)** Second Preceding Year Ended	**(c)** Third Preceding Year Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):				
a	Consolidated net income or loss per the AFS of the corporation	**1a**			
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	**1b**			
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	**1c**			
d	Adjustment for certain consolidating entries (see instructions)	**1d**			
e	Specified additional net income or loss item B. Reserved for future use	**1e**			
f	AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	**1f**			
2	Adjustments:				
a	Financial statements covering different tax years	**2a**			
b	Corporations that are not included on the taxpayer's consolidated return (see instructions)	**2b**			
c	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	**2c**			
d	Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	**2d**			
e	Certain taxes (see instructions)	**2e**			
f	Patronage dividends and per-unit retain allocations (cooperatives only)	**2f**			
g	Alaska native corporations	**2g**			
h	Certain credits (see instructions)	**2h**			
i	Mortgage servicing income	**2i**			
j	Tax-exempt entities (organizations subject to tax under section 511)	**2j**			
k	Depreciation	**2k**			
l	Qualified wireless spectrum	**2l**			
m	Covered transactions	**2m**			
n	Adjustments related to bankruptcy and insolvency	**2n**			
o	Certain insurance company adjustments	**2o**			
p	Adjustment P - Reserved for future use	**2p**			
q	Adjustment Q - Reserved for future use	**2q**			
r	Adjustment R - Reserved for future use	**2r**			
s	Adjustment S - Reserved for future use	**2s**			
z	Other (see instructions)	**2z**			
3	Specified adjustment. Reserved for future use	**3**			
4	Total adjustments. Combine lines 2a through 2z	**4**			
5	AFSI. Combine lines 1f and 4	**5**			
6	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5	**6**			
7	3-year average annual AFSI (see instructions)	**7**			

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

8 Is line 7 more than $1 billion?

☐ **Yes.** Continue to line 9.

☐ **No.** STOP here and attach to your tax return.

9 Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?

☐ **Yes.** Continue to line 10.

☐ **No.** Continue to Part II.

			(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10	AFSI for purposes of the $100 million test before adjustments:				
a	AFSI from line 5	**10a**			
b	Aggregation differences (see instructions)	**10b**			
c	Total AFSI for purposes of the $100 million test before adjustments. Combine lines 10a and 10b	**10c**			
11	Adjustments:				
a	Income not effectively connected to a U.S. trade or business	**11a**			
b	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	**11b**			
c	Reserved for future use - Other adjustments 1	**11c**			
d	Reserved for future use - Other adjustments 2	**11d**			
12	Total adjustments. Combine lines 11a and 11b	**12**			
13	Total AFSI for purposes of the $100 million test. Combine lines 10c and 12	**13**			
14	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13	**14**			
15	3-year average annual AFSI for purposes of the $100 million test	**15**			

16 Is line 15 $100 million or more?

☐ **Yes.** Continue to Part II.

☐ **No.** STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax

1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a	Consolidated net income or loss per the AFS of the corporation	1a	6,952,857.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
e	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	6,952,857.
2	Adjustments:		
a	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2i	
j	Certain credits (see instructions)	2j	
k	Mortgage servicing income	2k	
l	Covered benefit plans described in section 56A(c)(11)(B)	2l	
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
o	Qualified wireless spectrum	2o	
p	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
s	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other (see instructions) STATEMENT 10 *	2z	85,838.
3	Total adjustments. Combine lines 2a through 2z	3	85,838.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	7,038,695.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	7,038,695.
7	Multiply line 6 by 15% (0.15)	7	1,055,804.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	1,055,804.
10	Regular tax liability (see instructions)	10	1,460,100.
11	Base erosion minimum tax (see instructions)	11	0.
12	Combine lines 10 and 11	12	1,460,100.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	0.

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6a	Adjustment A - Reserved for future use	6a	
b	Adjustment B - Reserved for future use	6b	
c	Adjustment C - Reserved for future use	6c	
d	Adjustment D - Reserved for future use	6d	
e	Adjustment E - Reserved for future use	6e	
f	Adjustment F - Reserved for future use	6f	
g	Adjustment G - Reserved for future use	6g	
h	Adjustment H - Reserved for future use	6h	
z	Income taxes in other places	6z	
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

1	Domestic corporation AMT foreign income taxes:				
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a			
b	Adjustment	1b			
c	Adjustment	1c			
d	Adjustment	1d			
e	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
a	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
e	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			6	

FORM 4626	AMT CONTRIBUTION LIMITATION	STATEMENT 8

1) AFS INCOME BEFORE FSNOL, CHARITABLE CONTRIBUTIONS	6,952,857
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN CHARITABLE CONTRIBUTIONS	-85,838
3) PREADJUSTMENT AFSI BEFORE CHARITABLE DEDUCTIONS AND FSNOL	6,867,019
4) CONTRIBUTION LIMITATION TO CALCULATE 80 % AFSI LIMITATION FOR FSNOL .(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE LINE 3 ABOVE, MULTIPLIED BY 10%).	686,702
5) TOTAL AVAILABLE CONTRIBUTIONS	4,564,501
6) CONTRIBUTION DEDUCTION TO CALCULATE 80% AFSI LIMITATION FOR FSNOL (LESSER OF LINE 4 OR LINE 5)	686,702
7) AFSI FOR PURPOSES OF 80 % FSNOL LIMITATION (LINE 3 LESS LINE 6)	6,180,317
8) FSNOL LIMITATION (80 % OF LINE 7)	4,944,254
9) TOTAL FSNOL AVAILABLE	0
10) AMT FSNOL (LESSER OF LINE 8 OR LINE 9)	0
11) AFSI FOR CHARITABLE DEDUCTION LIMITATION (LINE 6 PLUS SPECIAL DEDUCTIONS LESS AMT FSNOL ON LINE 10)	6,867,019
12) 10% OF LINE 11	686,702
13) AFSI CHARITABLE DEDUCTION (LESSER OF LINE 5 OR LINE 12)	686,702
14) REGULAR CONTRIBUTION DEDUCTION	772,540
15) AFSI CONTRIBUTION ADJUSTMENT (LINE 14 LESS LINE 13)	85,838

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 9
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2018		
FOR TAX YEAR 2019		
FOR TAX YEAR 2020		
FOR TAX YEAR 2021		
FOR TAX YEAR 2022		
TOTAL CARRYOVER		
CURRENT YEAR CONTRIBUTIONS		4,564,501
TOTAL CONTRIBUTIONS		4,564,501
10% OF TAXABLE INCOME AS ADJUSTED		686,702
EXCESS CONTRIBUTIONS		3,877,799
ALLOWABLE CONTRIBUTIONS		686,702

FORM 4626 OTHER AMT ADJUSTMENTS STATEMENT 10

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	85,838.
TOTAL TO FORM 4626, LINE 2Z	85,838.

Electronic Filing PDF Attachment

Form **5713**

(Rev. December 2010)

Department of the Treasury
Internal Revenue Service

International Boycott Report

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

OMB No. 1545-0216

Attachment Sequence No. 123

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

Name
AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

Identifying number
13-6180380

Number, street, and room or suite no. If a P.O. box, see instructions.
2318 MILL ROAD #800

City or town, state, and ZIP code
ALEXANDRIA VA 22314

Address of service center where your tax return is filed

Type of filer (check one):
☐ Individual ☐ Partnership ☐ Corporation ☐ Trust ☐ Estate ☑ Other

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

2 **Partnerships and corporations:**

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

b Corporations—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.
If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.

Name	Identifying number

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

	Code	Description
c Enter principal business activity code and description (see instructions)		
d IC-DISCs—Enter principal product or service code and description (see instructions)		

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

a Partnership's total assets (see instructions) . . . . . .

b Partnership's ordinary income (see instructions) . . . . . .

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

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

b Common tax year election (see instructions)

(1) Name of corporation ▶

(2) Employer identification number . . . . . .

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

c Corporations filing this form enter:

(1) Total assets (see instructions) . . . . . .

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

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

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

a Foreign tax credit . . . . . .

b Deferral of earnings of controlled foreign corporations . . . . . .

c Deferral of IC-DISC income . . . . . .

d FSC exempt foreign trade income . . . . . .

e Foreign trade income qualifying for the extraterritorial income exclusion . . . . .

Please Sign Here

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

▶ **Signature** **Date** ▶ CFO **Title**

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

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

		Yes	No
8	**Boycott of Israel**—Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See **Boycotting Countries** in the instructions.)		✔

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

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

	Yes	No
9 **Nonlisted countries boycotting Israel—** Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?		

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

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

	Yes	No
10 **Boycotts other than the boycott of Israel—**Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?	✔	

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

	Name of country (1)	Identifying number of person having operations (2)	Principal business activity Code (3)	Principal business activity Description (4)	IC-DISCs only—Enter product code (5)
a	IRAQ	13-6180380	813920	MEMBER SERVICES	
b	KUWAIT	13-6180380	813920	MEMBER SERVICES	
c	LEBANON	13-6180380	813920	MEMBER SERVICES	
d	LIBYA	13-6180380	813920	MEMBER SERVICES	
e	QATAR	13-6180380	813920	MEMBER SERVICES	
f	SAUDI ARABIA	13-6180380	813920	MEMBER SERVICES	
g	SYRIA	13-6180380	813920	MEMBER SERVICES	
h	YEMEN	13-6180380	813920	MEMBER SERVICES	

	Yes	No
11 Were you requested to participate in or cooperate with an international boycott?		✔
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)		
12 Did you participate in or cooperate with an international boycott?		✔
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)		

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

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

		Requests		Agreements	
		Yes	No	Yes	No
13a	Did you receive requests to enter into, or did you enter into, any agreement (see instructions):				
(1)	As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—				
(a)	Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		✔		✔
(b)	Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		✔		✔
(c)	Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?		✔		✔
(d)	Refrain from employing individuals of a particular nationality, race, or religion?		✔		✔
(2)	As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?		✔		✔

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

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

Form **4720**

Department of the Treasury
Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)
Go to www.irs.gov/Form4720 for instructions and the latest information.

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning , 2023, and ending ,

Name of organization, entity, or person subject to tax
AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC.

EIN or SSN
13-6180380

☐ Amended return

Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)
2318 MILL ROAD, 800

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

Check box for type of annual return:
☒ Form 990 ☐ Form 990-EZ
☐ Form 990-PF ☐ Other
☐ Form 5227

		Yes	No
A	Is the organization a foreign private foundation within the meaning of section 4948(b)?		X
	Show conversion rate to U.S. dollars. See instructions		
B	**Entity (other than the organization) or person subject to tax:** Are you required to file Form 4720 with respect to more than one organization in the current tax year? See instructions		X
	If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year.		

Part I Taxes on Organization

(Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1	Tax on undistributed income - Schedule B, line 4	1	
2	Tax on excess business holdings - Schedule C, line 7	2	
3	Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)	3	
4	Tax on taxable expenditures - Schedule E, Part I, column (h)	4	
5	Tax on political expenditures - Schedule F, Part I, column (f)	5	
6	Tax on excess lobbying expenditures - Schedule G, line 4	6	
7	Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8	Tax on premiums paid on personal benefit contracts	8	
9	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10	Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12	Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13	Tax on excess executive compensation - Schedule N	13	6,219.
14	Tax on net investment income of private colleges and universities - Schedule O	14	
15	**Total** (add lines 1 - 14)	15	6,219.

Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person

(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code		Employer identification number	
1	Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1	
2	Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2	
3	Tax on taxable expenditures - Schedule E, Part II, column (d)	3	
4	Tax on political expenditures - Schedule F, Part II, column (d)	4	
5	Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5	
6	Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6	
7	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7	
8	Tax on taxable distributions - Schedule K, Part II, column (d)	8	
9	Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9	
10	**Total** - Add lines 1 through 9	10	

Part III Tax Payments

1	Total tax (Part I, line 15 or Part II, line 10)	1	6,219.
2	Total payments including amount paid with Form 8868 (see instructions)	2	6,219.
3	**Tax due.** If line 1 is larger than line 2, enter amount owed (see instructions)	3	0.
4	**Overpayment.** If line 1 is smaller than line 2, enter the difference. This is your refund	4	

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Form **4720** (2023)

324061 12-13-23

14001113 147227 8406813-0406813.0990 2023.05000 AMERICAN SOCIETY OF CLINI 84068134

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation

(a) Act number	(b) Date of act	(c) Correction made? Yes	(c) Correction made? No	(d) Description of act
1				
2				
3				
4				
5				

(e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act	(f) Amount involved in act	(g) Initial tax on self-dealer (10% of col. (f))	(h) Tax on foundation managers (if applicable) (lesser of $20,000 or 5% of col. (f))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2022 (from Form 990-PF for 2023, Part XII, line 6d)	1	
2	Undistributed income for 2022 (from Form 990-PF for 2023, Part XII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2023 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	**Tax** - Enter 30% of line 3 here and on Part I, line 1	4	

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business enterprise	1			
2 Permitted holdings in business enterprise	2			
3 Value of excess holdings in business enterprise	3			
4 Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4			
5 Taxable excess holdings in business enterprise - line 3 minus line 4	5			
6 **Tax** - Enter 10% of line 5	6			
7 **Total tax** - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7			

	Yes	No
8 Did the organization dispose of excess holdings subject to tax reported on line 6? Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.		

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Correction made? Yes	(c) Correction made? No	(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable) - (lesser of $10,000 or 10% of col. (e))
1							
2							
3							
4							
5							
Total - Column (f). Enter here and on Part I, line 3							
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made? Yes	(d) Correction made? No	(e) Name and address of recipient
1					
2					
3					
4					
5					

(f) Description of expenditure and purposes for which made	(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure	(h) Initial tax imposed on foundation (20% of col. (b))	(i) Initial tax imposed on foundation managers (if applicable)- (lesser of $10,000 or 5% of col. (b))
Total - Column (h). Enter here and on Part I, line 4			
Total - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below			

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made? Yes	(d) Correction made? No	(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of $5,000 or 2½% of col. (b))
1							
2							
3							
4							
5							
Total - Column (f). Enter here and on Part I, line 5							
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments

(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	
4	**Tax** - Enter 25% of line 3 here and on Part I, line 6	4	

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments

(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation

(a) Transaction number	(b) Date of transaction	(c) Correction made? Yes	(c) Correction made? No	(d) Description of transaction	(e) Amount of excess benefit	(f) Initial tax on disqualified persons (25% of col. (e))	(g) Tax on organization managers (if applicable) (lesser of $20,000 or 10% of col. (e))
1							
2							
3							
4							
5							

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) *Continued*

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity

(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction
1			
2			
3			
4			
5			

(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Yes	No	(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)

Total - Column (h). Enter here and on Part I, line 9 .....

Part II **Tax Imposed on Entity Managers** (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax - enter $20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I **Taxable Distributions and Tax Computation**

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution
1		
2		
3		
4		

(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or $10,000)
Total - Column (f). Enter here and on Part I, line 10			
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below			

Part II **Summary of Tax Liability of Fund Managers and Proration of Payments**

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit	(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or $10,000) (see instructions)
1					
2					
3					
4					
5					

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments

(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)	1	
2	**Tax** - Enter $50,000 multiplied by line 1 here and on Part I, line 12	2	

SCHEDULE N - Tax on Excess Executive Compensation (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1 - 6)				29,613.
Tax. Enter 21% of the amount above here and on Part I, line 13				6,219.

SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization						
2	Related Organization						
3	Related Organization						
4	Related Organization						
5	Total from attachment, if necessary						
6	**Total**						
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14						

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee	Title	Date
	CFO	

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person — Date

May the IRS discuss this return with the preparer shown below? (see instructions) ..... [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self- employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	11/13/24		P01273422

Firm's name	COHNREZNICK LLP	Firm's EIN	22-1478099
Firm's address	7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814	Phone no.	301-652-9100

Form **4720** (2023)

FORM 4720 SCHEDULE N - TAX ON EXECUTIVE COMPENSATION STATEMENT 1

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE	(C) EXCESS REMUNERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
1	CLIFFORD HUDDIS	29,613.		29,613.
TOTAL EXCESS EXECUTIVE COMPENSATION				29,613.