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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC
% LINDA JENSEN CFO
Doing business as

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

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

D Employer identification number
13-6180380

E Telephone number
(571) 483-1300

G Gross receipts $ 182,338,529

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ASCO ORG

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

L Year of formation 1964

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ASCO IS A PROFESSIONAL ONCOLOGY SOCIETY COMMITTED TO CONQUERING CANCER THROUGH RESEARCH, EDUCATION, PREVENTION AND DELIVERY OF HIGH QUALITY PATIENT CARE

Activities & Governance

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 2017 (Part V, line 2a)	**5**	554
6	Total number of volunteers (estimate if necessary)	**6**	1,200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,154,776
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,472,874

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,941,446	9,978,694
9	Program service revenue (Part VIII, line 2g)	96,414,990	111,649,833
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,691,563	20,138,405
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,762,079	2,771,589
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,810,078	144,538,521

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,184,032	3,197,652
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)	48,653,534	54,588,773
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,454,232		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	64,090,122	78,774,427
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	116,927,688	136,560,852
19	Revenue less expenses Subtract line 18 from line 12	-2,117,610	7,977,669

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	213,011,354	228,266,590
21	Total liabilities (Part X, line 26)	111,127,454	117,378,146
22	Net assets or fund balances Subtract line 21 from line 20	101,883,900	110,888,444

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 — 2018-11-07 Date

LINDA JENSEN CFO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Marc Berger	Preparer's signature Marc Berger	Date	Check ☐ if self-employed — PTIN P01871563
Firm's name ▶ BDO USA LLP			Firm's EIN ▶
Firm's address ▶ 8401 GREENSBORO DRIVE 800 MCLEAN, VA 22102			Phone no (703) 893-0600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 37,497,374 including grants of $ 3,197,652) (Revenue $ 69,305,344)
See Additional Data

4b (Code) (Expenses $ 31,882,859 including grants of $) (Revenue $ 13,991,477)
See Additional Data

4c (Code) (Expenses $ 13,653,472 including grants of $) (Revenue $ 19,886,393)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 32,958,701 including grants of $ 3,197,652) (Revenue $ 8,466,619)

4e **Total program service expenses ▶** 115,992,406

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax 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**	454		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	554		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,519,565	0	568,461

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 ▶ 132

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Vector Oncology, 6555 Quince Rd Suite 400 MEMPHIS, TN 38119	Technology Services	3,167,074
SAP PUBLIC SERVICES INC, PO BOX 7780-824024 PHILADELPHIA, PA 19182	TECHNOLOGY SERVICES	3,897,600
THE CORKERY GROUP, 260 FIFTH AVE NEW YORK, NY 10001	PUBLIC RELATIONS	1,471,412
Polsinelli Shughart PC, 1152 15th St NW WASHINGTON, DC 20005	POLICY CONSULTING	570,090
J Spargo Associates Inc, 11208 Waples Mill Rd FAIRFAX, VA 22030	MEETING Services	1,809,346

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 ▶ 19

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	9,856,323		
	e Government grants (contributions)	1e	122,371		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		9,978,694		
Program Service Revenue		Business Code				
	2a EDUCATION MEETINGS & PRODUCTS	900099	48,297,206	48,297,206		
	b ~~ADVERTISING~~	541800	16,692,134		16,692,134	
	c PUBLICATIONS	511190	14,775,909	14,775,909		
	d ~~MEMBERSHIP~~	900099	12,927,503	12,927,503		
	e ~~EXHIBITS~~	900099	16,357,423	16,357,423		
	f All other program service revenue		2,599,658	939,103	1,660,555	
	g **Total.** Add lines 2a–2f . . . . ▶		111,649,833			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,248,604			3,248,604
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		2,720,643			2,720,643
		(i) Real	(ii) Personal			
	6a Gross rents	1,092,313				
	b Less rental expenses	1,361,776				
	c Rental income or (loss)	-269,463	0			
	d Net rental income or (loss) . . . . . ▶		-269,463		-269,463	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	53,328,033				
	b Less cost or other basis and sales expenses	36,438,232				
	c Gain or (loss)	16,889,801				
	d Net gain or (loss) . . . . . ▶		16,889,801			16,889,801
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a		0			
	b Less direct expenses . . . b		0			
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . . . a		0			
	b Less direct expenses . . . b		0			
	c Net income or (loss) from gaming activities . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . . a		0			
	b Less cost of goods sold . . b		0			
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a MAILING LIST	511120	248,859			248,859
	b TENANT PARKING	900099	71,550		71,550	
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		320,409			
	12 Total revenue. See Instructions . . . . . ▶		144,538,521	93,297,144	18,154,776	23,107,907

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,488,950	2,488,950		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	708,702	708,702		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,418,978	5,638,423	1,187,037	593,518
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	35,935,944	30,545,552	4,671,673	718,719
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,175,200	2,762,424	412,776	0
9 Other employee benefits	4,775,466	4,154,655	620,811	0
10 Payroll taxes	3,283,185	2,856,371	426,814	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,016,315	739,290	277,025	0
c Accounting	397,875	99,469	298,406	0
d Lobbying	124,202	124,202	0	0
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	780,641	0	780,641	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,183,107	16,638,180	1,544,927	0
12 Advertising and promotion	571,444	516,944	54,500	0
13 Office expenses	2,623,814	2,282,718	341,096	0
14 Information technology	14,670,947	13,350,562	1,026,966	293,419
15 Royalties . .	0			
16 Occupancy	5,282,008	4,806,627	369,741	105,640
17 Travel	4,716,989	4,150,950	566,039	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	11,967,451	10,866,446	957,396	143,609
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	3,245,301	2,823,412	324,530	97,359
23 Insurance . . .	654,390	588,951	65,439	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING & PRODUCTION	4,661,430	4,607,040	52,422	1,968
b DEVELOPMENT FEE TO CC	4,500,000			4,500,000
c UBI TAX	2,058,568	2,058,568		
d POSTAGE & SHIPPING	1,642,738	1,610,038	32,700	
e All other expenses	1,677,207	1,573,932	103,275	
25 **Total functional expenses.** Add lines 1 through 24e	136,560,852	115,992,406	14,114,214	6,454,232
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	5,310,802	2	8,382,288
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	6,539,938	4	7,615,148
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	5,101,280	9	4,792,902
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 73,499,532			
	b	Less accumulated depreciation — 10b: 23,329,898	50,116,812	10c	50,169,634
	11	Investments—publicly traded securities	118,931,834	11	132,611,260
	12	Investments—other securities See Part IV, line 11	24,313,722	12	24,593,902
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	2,696,966	15	101,456
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	213,011,354	16	228,266,590
Liabilities	17	Accounts payable and accrued expenses	7,030,425	17	9,930,921
	18	Grants payable	0	18	0
	19	Deferred revenue	26,537,743	19	33,691,508
	20	Tax-exempt bond liabilities	38,400,000	20	38,400,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	39,159,286	25	35,355,717
	26	**Total liabilities.** Add lines 17 through 25	111,127,454	26	117,378,146
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	101,883,900	27	110,888,444
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	101,883,900	33	110,888,444
	34	Total liabilities and net assets/fund balances	213,011,354	34	228,266,590

Part XI Reconcilliation 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	144,538,521
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,560,852
3	Revenue less expenses Subtract line 2 from line 1	3	7,977,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,883,900
5	Net unrealized gains (losses) on investments	5	-263,108
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,289,983
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	110,888,444

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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 13-6180380
Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bruce E Johnson MD FASCO President	1 0 0 0	X		X				0	0	0
Monica Bertagnolli MD FASCO President-Elect	1 0 0 0	X		X				0	0	0
Daniel F Hayes MD FASCO Immediate Past President	1 0 0 0	X		X				0	0	0
Craig Nichols MD FACP Treasurer	1 0 0 0	X		X				0	0	0
Peter C Adamson MD Board Member	1 0 0 0	X						0	0	0
Charles DBlankeMDFACPFASCO Board Member	1 0 0 0	X						0	0	0
Linda D Bosserman MD FACP Board Member	1 0 0 0	X						0	0	0
Walter J Curran JrMDFACR Board Member	1 0 0 0	X						0	0	0
Stephen B Edge MD FASCO Board Member	1 0 0 0	X						0	0	0
Paulo Hoff MD FACP Board Member	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Arti Hurria MD Board Member	1 0 0 0	X						0	0	0
Maha HAHussainMDFACPFASCO Board Member	1 0 0 0	X						0	0	0
David Khayat MD PhD FASCO Board Member	1 0 0 0	X						15,000	0	0
Neal J Meropol MD FASCO Board Member	1 0 0 0	X						0	0	0
Therese M Mulvey MD FASCO Board Member	1 0 0 0	X						1,500	0	0
J Chris Nunnink MD FASCO Board Member	1 0 0 0	X						0	0	0
Jacob Verweij MD PhD Board Member	1 0 0 0	X						0	0	0
Reshma Jagsi MD Dphil Board Member	1 0 0 0	X						6,000	0	0
Michael P KostyMDFACPFASCO Board Member	1 0 0 0	X						0	0	0
Eric J Small MD FASCO Board Member	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jedd Wolchok MD FASCO Board Member	1 0 0 0	X						0	0	0
JULIE M VOSE MD MBA FASCO BOARD MEMBER	1 0 0 0	X						0	0	0
Clifford AHudisMDFACPFASCO CEO, Ex-officio Director	30 0 7 5	X		X				807,692	0	24,119
Dina Michels Esq Senior VP, CLO, SECRETARY	30 0 7 5			X				549,327	0	38,519
Linda Jensen CPA VP, Chief Financial Officer	30 0 7 5			X				394,615	0	34,207
Richard Schilsky MD SVP, Chief Medical Officer	30 0 7 5				X			539,346	0	34,207
Nancy Daly MS MPH Executive VP, CPO, CC	1 0 36 5				X			362,097	0	33,799
Kevin Fitzpatrick CEO, CancerLinQ	37 5 0 0				X			464,423	0	38,519
Jamie Von Roenn MD VP, Education	37 5 0 0				X			398,417	0	34,207
Bernie Khoo VP, Integrated Media	35 0 2 5				X			409,538	0	39,902

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Deborah Kamin RN PHD VP, POLICY AND ADVOCACY	37 5 0 0				X			284,525	0	34,207
David Sampson VP, Publications	37 5 0 0				X			234,615	0	35,115
Krista Barnes VP, Member Services	37 5 0 0				X			219,615	0	33,990
Mandy Davis-Aitken VP, Meeting Services	37 5 0 0				X			162,611	0	19,292
JEAN COLVARD VP MEETING SERVICES	30 0 7 5				X			149,577	0	14,732
Stephen Grubbs MD VP, Clinical Affairs	37 5 0 0					X		379,623	0	31,375
Robert Miller MD VP, Quality	37 5 0 0					X		361,210	0	38,519
Kristin Ludwig VP, Communications	37 5 0 0					X		269,567	0	20,996
DAVID DORNSTREICH DIVISION DIR , MARKET STRAT	37 5 0 0					X		255,750	0	32,726
JENNIFER WONG CHIEF, STRATEGIC ALLIANCES	37 5 0 0					X		254,517	0	30,030

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, 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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) 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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,477,875	9,775,055	13,960,857	11,941,446	9,978,694	54,133,927
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	76,312,383	83,008,682	88,958,786	78,719,498	93,297,144	420,296,493
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	84,790,258	92,783,737	102,919,643	90,660,944	103,275,838	474,430,420
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	11,456,835	12,876,427	13,914,277	11,641,675	9,856,323	59,745,537
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	11,456,835	12,876,427	13,914,277	11,641,675	9,856,323	59,745,537
8 **Public support.** (Subtract line 7c from line 6)						414,684,883

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	84,790,258	92,783,737	102,919,643	90,660,944	103,275,838	474,430,420
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,333,603	5,821,197	6,401,944	5,651,063	5,969,247	29,177,054
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	5,333,603	5,821,197	6,401,944	5,651,063	5,969,247	29,177,054
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,403,799	3,584,676	3,133,751	3,414,649	2,871,782	16,408,657
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			306,781	277,776	248,859	833,416
13 **Total support.** (Add lines 9, 10c, 11, and 12)	93,527,660	102,189,610	112,762,119	100,004,432	112,365,726	520,849,547

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	79 617 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	78 416 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	5 602 %
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	8 844 %

19a **33 1/3% support tests—2017.** 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—2016.** 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 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	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 (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 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, 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 in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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 (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 13-6180380

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313005028

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

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

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt 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-
1					
2					
3					
4					
5					
6					

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 (grass roots lobbying)	2,905	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	291,378	
c Total lobbying expenditures (add lines 1a and 1b)	294,283	
d Other exempt purpose expenditures	115,698,123	
e Total exempt purpose expenditures (add lines 1c and 1d)	115,992,406	
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-		
i Subtract line 1f from line 1c If zero or less, enter -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) 2014	(b) 2015	(c) 2016	(d) 2017	(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	171,707	212,384	259,559	291,378	935,028
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	10,098	8,424	3,346	2,905	24,773

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 be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt 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 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 expenditure 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

Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313005028

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or 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 Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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		7,342,677		7,342,677
b Buildings		46,941,779	11,418,115	35,523,664
c Leasehold improvements		773,776	121,259	652,517
d Equipment		5,404,497	3,278,932	2,125,565
e Other		13,036,803	8,511,592	4,525,211
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				50,169,634

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) ALPHAKEYS DOUBLE BLACK DIAMOND	10,351,946	F
(B) UBS MILLENNIUM FUND (OFFSHORE)	14,241,956	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	24,593,902	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
LIABILITY UNDER INTEREST RATE SWAP	12,949,327
TAXABLE BOND PAYABLE	19,461,946
DUE TO AFFILIATE	2,944,444
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	35,355,717

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

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	146,146,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-263,108		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,289,983		
e	Add lines **2a** through **2d**			2e	1,026,875
3	Subtract line **2e** from line **1**			3	145,119,656
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	780,641		
b	Other (Describe in Part XIII)	4b	-1,361,776		
c	Add lines **4a** and **4b**			4c	-581,135
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	144,538,521

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	137,141,987
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	1,361,776		
e	Add lines **2a** through **2d**			2e	1,361,776
3	Subtract line **2e** from line **1**			3	135,780,211
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	780,641		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	780,641
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	136,560,852

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-6180380
Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	In accordance with gaap, the organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on technical merits of the position The tax ben efits recognized in the consolidated financial statements from such a position are measure d based on the largest benefit that has a greater than 50% likelihood of being realized up on ultimate settlement The organization believes that it has appropriate support for tax positions taken, and therefore, does not have uncertain tax positions that are material to the consolidated financial statements Generally, the organization is no longer subject t o income tax examinations by the U S federal, state or local tax authorities for years pr ior to December 31, 2014

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D	GAIN ON INTEREST RATE SWAP $1,289,983

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B	RENTAL EXPENSES -$1,361,776

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D	RENTAL EXPENSES $1,361,776

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					11,060,645
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					11,060,645

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 5

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" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Return Reference	Explanation
SCHEDULE F, PART I, LINE 1	INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (IDEA) - THE INTERNATIONAL DEVELOPMENT AND EDUCATION AWARDS PROVIDE SUPPORT FOR EARLY-CAREER ONCOLOGISTS IN DEVELOPING COUNTRIES TO LEARN ABOUT ONCOLOGY CARE AND RESEARCH BY ESTABLISHING STRONG RELATIONSHIPS WITH LEADING ASCO ONCOLOGISTS WHO SERVE AS SCIENTIFIC MENTORS TO EACH RECIPIENT RECIPIENTS LEARN ABOUT QUALITY CANCER CARE AND RESEARCH BY ATTENDING THE ASCO ANNUAL MEETING AND VISITING THEIR MENTOR'S CANCER CENTER IN THE UNITED STATES AND CANADA RECIPIENTS ARE EXPECTED TO SHARE THE KNOWLEDGE AND TRAINING THEY RECEIVE THROUGH THE PROGRAM WITH COLLEAGUES IN THEIR HOME COUNTRIES ONCE THEY RETURN IDEAS ARE PROVIDED TO RECIPIENTS BASED ON MERIT THROUGH A PEER REVIEW PROCESS USING ESTABLISHED ELIGIBILITY CRITERIA IDEA RECIPIENTS ARE REQUIRED TO AGREE TO TERMS AND CONDITIONS APPLICABLE TO THE IDEA, ARE REQUIRED TO COMMUNICATE WITH THEIR MENTORS, TO ATTEND ALL IDEA-RELATED EVENTS, TO SUBMIT EVALUATIONS AFTER THE ANNUAL MEETING AND MENTOR SITE VISIT, AND TO SUBMIT ONE-YEAR REPORTS

Additional Data

Software ID:

Software Version:

EIN: 13-6180380

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	OUTREACH & EDUCATIONAL	154,009
Europe (Including Iceland and Greenland)			Program Services	OUTREACH & EDUCATIONAL	29,658

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	OUTREACH & EDUCATIONAL	79,944
Russia and the Newly Independent States			Program Services	OUTREACH & EDUCATIONAL	26,856

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	OUTREACH & EDUCATIONAL	108,780
South Asia			Program Services	OUTREACH & EDUCATIONAL	162,282

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	OUTREACH & EDUCATIONAL	126,281
Central America and the Caribbean			Program Services	OUTREACH & EDUCATIONAL	20,892

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		10,351,943

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	contribution	93,767	check			
		Europe (Including Iceland and Greenland)	contribution	7,375	check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	contribution	20,000	check			
		Sub-Saharan Africa	contribution	6,370	check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	contribution	5,200	check			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
idea award	East Asia and the Pacific	5	6,140	Cash/Check	8,866	Travel	Book
idea award	Europe (Including Iceland and Greenland)	1	1,260	Cash/Check	1,630	travel	book

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
idea award	North America	4	4,720	Cash/Check	3,069	travel	book
idea award	South America	3	3,300	Cash/Check	7,299	travel	book

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
idea award	South Asia	5	6,105	Cash/Check	9,707	travel	book
idea award	Sub-Saharan Africa	4	4,880	Cash/Check	7,424	travel	book

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
idea award	Central America and the Caribbean	1	1,100	Cash/Check	936	travel	book
idea award	Russia and the Newly Independent States	1	1,260	Cash/Check	1,357	travel	book

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 14

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

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

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 1	ASCO provides assistance to 501(c)(3) organizations that serve the cancer community

Additional Data

Software ID:
Software Version:
EIN: 13-6180380
Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Conquer Cancer Foundation 2318 Mill Rd Ste 800 Alexandria, VA 22314	31-1667995	501(c)(3)	1,617,000				Contribution
Regents of the University of Michigan 300 N Ingalls St Ann Arbor, MI 48109	38-6006309	501(c)(3)	126,240				Contribution

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Nebraska Medical Center 985520 Nebraska Medical Ctr Omaha, NE 68198	91-1858433	501(c)(3)	11,405				Contribution
Testicular Cancer Commons 275 Seventh Ave 22nd Fl Portland, OR 97209	27-1348551	501(c)(3)	82,810				Contribution

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Dana Farber Cancer Institute 450 Brookline Ave Boston, MA 02215	04-2263040	501(c)(3)	165,400				Contribution
Friends of Cancer Research 3299 K Street NW Washington, DC 20007	52-1983273	501(c)(3)	35,000				Contribution

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Academy of Sciences 2101 Constitution Ave Washington, DC 20418	53-0196932	501(c)(3)	16,500				Contribution
Duke University Medical Center 2424 Erwin Rd Suite 601 Durham, NC 27705	56-0532129	501(c)(3)	25,000				Contribution

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Coalition for Cancer Survivorship 1010 Wayne Ave 770 Silver Spring, MD 20910	85-0357897	501(c)(3)	10,000				Contribution
Health Volunteers Overseas 1900 L St NW 310 washington, DC 20036	52-1485477	501(C)(3)	10,000				contribution

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WETA 3939 Campbell Avenue Arlington, VA 22206	53-0242992	501(c)(3)	175,000				Contribution
CancerCare 275 Seventh Ave 22nd Fl New York, NY 10001	13-1825919	501(c)(3)	105,000				Contribution

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Brigham & Women's Hospital 75 Francis St T 1 Rm 220 Boston, MA 02215	04-2312909	501(c)(3)	46,667				Contribution
Susan G Komen Foundation 5005 LBJ Freeway Ste 250 Dallas, TX 75244	75-1835298	501(c)(3)	25,000				Contribution

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 7	PERFORMANCE-BASED BONUS PAYMENTS CAN BE MADE TO SOME EMPLOYEES LISTED ON SCHEDULE J AND INCLUDED AS PART OF THE TOTAL COMPENSATION THE BONUS PAYMENTS ARE NOT ON A FIXED BASIS BUT RATHER ARE BASED ON PERFORMANCE AND DETERMINED BY THE CEO WITH REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD, WHERE APPROPRIATE

Additional Data

Software ID:
Software Version:
EIN: 13-6180380
Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Clifford AHudisMDFACPFASCO CEO, Ex-officio Director	(I)	771,634	36,058	0	20,250	3,869	831,811	0
	(II)	0	0	0	0	0	0	0
1Richard Schilsky MD SVP, Chief Medical Officer	(I)	509,346	30,000	0	20,250	13,957	573,553	0
	(II)	0	0	0	0	0	0	0
2Dina Michels Esq Senior VP, CLO, SECRETARY	(I)	539,327	10,000	0	20,250	18,269	587,846	0
	(II)	0	0	0	0	0	0	0
3Linda Jensen CPA VP, Chief Financial Officer	(I)	359,615	35,000	0	20,250	13,957	428,822	0
	(II)	0	0	0	0	0	0	0
4Nancy Daly MS MPH Executive VP, CPO, CC	(I)	356,097	6,000	0	20,250	13,549	395,896	0
	(II)	0	0	0	0	0	0	0
5Kevin Fitzpatrick CEO, CancerLinQ	(I)	404,423	60,000	0	20,250	18,269	502,942	0
	(II)	0	0	0	0	0	0	0
6Jamie Von Roenn MD VP, Education	(I)	359,615	10,000	28,802	20,250	13,957	432,624	0
	(II)	0	0	0	0	0	0	0
7Bernie Khoo VP, Integrated Media	(I)	399,538	10,000	0	20,250	19,652	449,440	0
	(II)	0	0	0	0	0	0	0
8Stephen Grubbs MD VP, Clinical Affairs	(I)	359,623	20,000	0	20,250	11,125	410,998	0
	(II)	0	0	0	0	0	0	0
9Robert Miller MD VP, Quality	(I)	341,210	20,000	0	20,250	18,269	399,729	0
	(II)	0	0	0	0	0	0	0
10Deborah Kamin RN PHD VP, POLICY AND ADVOCACY	(I)	274,525	10,000	0	20,250	13,957	318,732	0
	(II)	0	0	0	0	0	0	0
11Kristin Ludwig VP, Communications	(I)	259,567	10,000	0	19,468	1,528	290,563	0
	(II)	0	0	0	0	0	0	0
12DAVID DORNSTREICH DIVISION DIR , MARKET STRAT	(I)	250,250	5,500	0	18,769	13,957	288,476	0
	(II)	0	0	0	0	0	0	0
13JENNIFER WONG CHIEF, STRATEGIC ALLIANCES	(I)	252,067	2,450	0	18,905	11,125	284,547	0
	(II)	0	0	0	0	0	0	0
14David Sampson VP, Publications	(I)	224,615	10,000	0	16,846	18,269	269,730	0
	(II)	0	0	0	0	0	0	0
15Krista Barnes VP, Member Services	(I)	209,615	10,000	0	15,721	18,269	253,605	0
	(II)	0	0	0	0	0	0	0
16Mandy Davis-Aitken VP, Meeting Services	(I)	158,734	3,877	0	11,905	7,387	181,903	0
	(II)	0	0	0	0	0	0	0
17JEAN COLVARD VP MEETING SERVICES	(I)	139,577	10,000	0	10,468	4,264	164,309	0
	(II)		0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Part I Bond Issues

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

Part II Proceeds

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

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 500 %							
6	Total of lines 4 and 5	0 500 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	FMS Wentworth							
c	Term of hedge	30 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

Return Reference	Explanation
PART IV, QUESTION 3	ASCO has an interest rate swap agreement with FMS Wentworth Bank through 2038 ASCO makes fixed interest payments at a 3 587% rate Variable swap payments, based on one-month LIBOR, received from the swap counterparty are used to make the variable interest payments as they come due These interest rate swap agreements qualify as a derivative instrument and are used to mitigate the effect of interest rate fluctuations

Return Reference	Explanation
part iv, question 2c	The latest rebate computation date for the reported bond issue was September 27, 2017

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	ASCO IS A PROFESSIONAL ONCOLOGY SOCIETY COMMITTED TO CONQUERING CANCER THROUGH RESEARCH, EDUCATION, AND PROMOTION OF THE HIGHEST QUALITY PATIENT CARE ASCO'S VISION IS A WORLD WHERE CANCER IS PREVENTED OR CURED, AND EVERY SURVIVOR IS HEALTHY ASCO PROMOTES AND PROVIDES FOR - LIFELONG LEARNING FOR ONCOLOGY PROFESSIONALS, - CANCER RESEARCH, - AN IMPROVED ENVIRONMENT FOR ONCOLOGY PRACTICE, - ACCESS TO QUALITY CANCE CARE, - A GLOBAL NETWORK OF ONCOLOGY EXPERTISE, AND - EDUCATED AND INFORMED PATIENTS WITH CANCER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EDUCATIONAL AND SCIENTIFIC MEETINGS AND PRODUCTS ASCO PROVIDES EDUCATIONAL AND SCIENTIFIC PROGRAMS AND CONTENT ON A VARIETY OF ONCOLOGY-RELATED TOPICS IN A VARIETY OF FORMATS WOR KING WITH VOLUNTEER ASCO MEMBERS, ASCO PLANS AND PRESENTS LIVE MEETINGS ON CUTTING EDGE RE SEARCH AND SCIENCE IN THE FIELD OF CLINICAL ONCOLOGY THE SCIENTIFIC RESEARCH AND EDUCATIO N PRESENTED AT THE MEETINGS ENHANCES KNOWLEDGE ABOUT CANCER, THUS ADVANCING HIGH-QUALITY C ANCER CARE THE ASCO ANNUAL MEETING IS THE WORLD'S PREMIER EDUCATIONAL AND SCIENTIFIC MEET ING IN THE ONCOLOGY COMMUNITY AND THE THEMATIC MEETINGS PRESENTED OR CO-SPONSORED BY ASCO PROVIDE OPPORTUNITIES FOR FOCUSED EDUCATIONAL AND SCIENTIFIC PROGRAMMING ON SPECIFIC TYPES OF CANCERS ASCO'S EDUCATIONAL AND SCIENTIFIC PROGRAMS SERVE THE DIVERSE NEEDS OF ONCOLOG Y PRACTITIONERS WORLDWIDE AND ASSIST THEM IN PROVIDING WORLD CLASS CANCER CARE AND IN COND UCTING CUTTING EDGE RESEARCH THROUGH THE CONTINUUM OF THEIR CAREERS APPROPRIATE PROGRAMS ARE PROVIDED FOR ONCOLOGY FELLOWS, JUNIOR FACULTY MEMBERS, ONCOLOGY PROGRAM DIRECTORS, AND OTHERS TO MEET THE CHANGING NEEDS OF PEOPLE LIVING WITH CANCER AND ADDRESS THE MODERN-DAY PRACTICE OF ONCOLOGY WORKING WITH VOLUNTEER ASCO MEMBERS, ASCO PLANS, IMPLEMENTS AND EVA LUATES CONTINUING MEDICAL EDUCATION (CME) TO SUPPORT THE CONTINUED EDUCATION OF ONCOLOGIST S SO THAT THEY ARE BETTER PREPARED TO MEET THE PREVENTION, DIAGNOSIS AND TREATMENT NEEDS O F THEIR PATIENTS CURRENTLY,ASCO HOLDS THE STATUS OF ACCREDITATION WITH COMMENDATION FROM THE ACCREDITATION COUNCIL FOR CME FOR ASCO'S CME PROGRAM ASCO MAKES MUCH OF THE CONTENT F ROM ITS MEETINGS AND OTHER EDUCATIONAL AND SCIENTIFIC CONTENT AVAILABLE TO THE GENERAL PUB LIC THROUGH TWO ASCO WEBSITES WWW ASCO ORG AND WWW CANCER NET ADDITIONALLY, ASCO MAKES E DUCATIONAL AND SCIENTIFIC MATERIALS AVAILABLE THROUGH A VARIETY OF CHANNELS, INCLUDING BOO KS, DVDS, VIRTUAL MEETINGS, PODCASTS AND PUBLIC FORUMS HIGHLIGHTS OF THE 2017 ACTIVITIES INCLUDE OVER 39,000 PEOPLE ATTENDED THE 2017 ASCO ANNUAL MEETING, INCLUDING PHYSICIANS, N URSES,CAREGIVERS, PATIENTS, AND PATIENT ADVOCATES APPROXIMATELY 40% OF THE ATTENDEES AT T HE 2017 ASCO ANNUAL MEETING WERE INTERNATIONAL ATTENDEES THE 2017 ANNUAL MEETING FEATURED OVER 265 EDUCATIONAL AND SCIENTIFIC SESSIONS AND OVER 5,000 ABSTRACTS WERE PRESENTED OR P UBLISHED NEARLY 3,000 PRESENTATIONS WERE CAPTURED IN AUDIO AND VIDEO TO BE MADE AVAILABLE ELECTRONICALLY IN ADDITION TO THE ASCO ANNUAL MEETING, ASCO SPONSORED OR CO-SPONSORED OV ER 50 EDUCATIONAL AND SCIENTIFIC SYMPOSIA, WORKSHOPS, AND COURSES INSIDE AND OUTSIDE THE U NITED STATES ON A WIDE VARIETY OF CANCER-RELATED TOPICS TO IMPROVE ONCOLOGY CARE IN AND AR OUND THE WORLD THESE MEETINGS INCLUDED - BEST OF ASCO - Palliative and Supportive Care i n Oncology Symposium - QUALITY CARE SYMPOSIUM - GI CANCERS SYMPOSIUM - GU CANCERS SYMPOSIU M - CANCER SURVIVORSHIP SYMPOSIUM INTERNATIONAL AFFAIRS MEETINGS AND COURSES - BEST OF AS CO INTERNATIONAL - JOINT SYMPO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SIA - ADVANCED CANCER COURSES - MULTIDISCIPLINARY CANCER MANAGEMENT COURSES ASCO PUBLISHES DAILY NEWS PRODUCTS FOR EACH OF ITS MAJOR LIVE MEETINGS THE DAILY NEWS PRODUCTS INCLUDE PRINT NEWSPAPERS THAT ARE DISTRIBUTED ONSITE TO ALL ATTENDEES AT THE LIVE EVENT AND ONLINE (THE ENTIRETY OF THE PRINT VERSIONS PLUS BONUS COVERAGE) TO ASCO MEMBERS AND TO THE GENER AL PUBLIC THE DAILY NEWS PRODUCTS INCLUDE COVERAGE OF KEY EDUCATIONAL AND SCIENTIFIC SESS IONS, EDITORIALS BY EXPERTS IN VARIOUS SUBSPECIALTIES, INFORMATION ABOUT ASCO PRODUCTS AND RESOURCES, PROFILES OF GRANT AND AWARD WINNERS, AND COMMENTARY AND TOPICS OF INTEREST TO INTERNATIONAL ATTENDEES AND MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	QUALITY ASCO develops evidence-based guidelines, develops and validates quality measures in oncology, and conducts quality improvement and measurement activities PROGRAMS INCLUDE - CANCERLINQ, AN INITIATIVE TO DEVELOP A RAPID LEARNING SYSTEM IN ONCOLOGY THIS EFFORT IS INTENDED TO TRANSFORM THE WAY ONCOLOGISTS PRACTICE, LEARN, AND INTERACT WITH THEIR PATIENTS - QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI) A QUALITY ASSESSMENT AND IMPROVEMENT PROGRAM FOR OUTPATIENT MEDICAL ONCOLOGY AND HEMATOLOGY-ONCOLOGY PRACTICES QOPI PROVIDES A WEB-BASED DATA COLLECTION TOOL THAT ALLOWS PRACTICE STAFF TO 1) REPORT ON VARIOUS CANCER CARE QUALITY MEASURES, 2) RECEIVE ANALYZED DATA ON PRACTICE PERFORMANCE, AND 3) COMPARE PERFORMANCE AGAINST THEIR PEERS FOR DATA-DRIVEN IMPROVEMENT ACTIVITIES - QOPI CERTIFICATION PROGRAM THE QOPI CERTIFICATION PROGRAM BUILDS UPON THE SUCCESS OF QOPI QOPI CERTIFICATION DEMONSTRATES A COMMITMENT TO EXCELLENCE AND ONGOING QUALITY IMPROVEMENT IN THE HEMATOLOGY-ONCOLOGY OUTPATIENT PRACTICE THE GOALS OF THE QOPI CERTIFICATION PROGRAM ARE TO - PROMOTE HIGH QUALITY CANCER CARE AS DEFINED BY THE CLINICIAN EXPERTS - PROVIDE A TRUSTED SOLUTION TO SATISFY EXTERNAL DEMAND FOR QUALITY ACTIVITIES - REDUCE REDUNDANT PROGRAMS OR ADMINISTRATIVE BURDENS RELATED TO THE DEMONSTRATION OF QUALITY - NEW GUIDELINES AND ONGOING UPDATES ASCO HAS PUBLISHED OVER 50 PRACTICE GUIDELINES, ENDORSEMENTS, AND PROVISIONAL CLINICAL OPINIONS (PCO'S) ADDRESSING A WIDE RANGE OF CANCER TREATMENT, DIAGNOSIS, AND MANAGEMENT ISSUES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	EDUCATIONAL PUBLICATIONS ASCO PUBLISHES SEVERAL EDUCATIONAL JOURNALS ADDRESSING CLINICAL ONCOLOGY THAT ARE AVAILABLE TO THE PUBLIC JOURNAL OF CLINICAL ONCOLOGY (JCO) IS A HIGHLY REGARDED, PEER-REVIEWED JOURNAL THAT DISSEMINATES QUALITY ARTICLES ON SIGNIFICANT CLINICAL ONCOLOGY RESEARCH IN PRINT AND ELECTRONIC FORMATS JOURNAL OF ONCOLOGY PRACTICE (JOP) INCLUDES ORIGINAL RESEARCH AND PERSPECTIVES ON CLINICAL AND ADMINISTRATIVE MANAGEMENT ADDRESSING THE PRACTICE OF ONCOLOGY, WHICH ARE EDITED BY ONCOLOGISTS THE JOURNAL OF GLOBAL ONCOLOGY (JGO) IS AN ONLINE ONLY, OPEN ACCESS JOURNAL FOCUSED ON CANCER CARE, RESEARCH AND CARE DELIVERY ISSUES UNIQUE TO COUNTRIES AND SETTINGS WITH LIMITED HEALTHCARE RESOURCES JCO CLINICAL CANCER INFORMATICS IS AN ONLINE-ONLY INTERDISCIPLINARY JOURNAL PUBLISHING CLINICALLY RELEVANT RESEARCH BASED ON BIOMEDICAL INFORMATICS METHODS AND PROCESSES APPLIED TO CANCER-RELATED DATA, INFORMATION AND IMAGES JCO PRECISION ONCOLOGY IS A PEER-REVIEWED, ONLINE-ONLY, ARTICLE BASED JOURNAL PUBLISHING ORIGINAL RESEARCH, REPORTS, OPINIONS AND REVIEWS THAT ADVANCE THE SCIENCE AND PRACTICE OF PRECISION ONCOLOGY AND DEFINE GENOMICS-DRIVEN CLINICAL CARE OF PATIENTS WITH CANCER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	CANCER POLICY AND CLINICAL AFFAIRS ASCO addresses policy issues raised in the practice of oncology, cancer research, care, and prevention by working with volunteer committees and ASCO leaders to shape policy, law and regulation of issues of importance in oncology ASCO s policy and clinical affairs programs cover a broad spectrum of issues, including patient -oriented research, health insurance, clinical practice, workforce, disparities, cost/acce ss, cancer survivorship, and cancer prevention and control ACTIVITIES INCLUDE HOTLINES, T OOLS, EDUCATIONAL WORKSHOPS AND MATERIALS, LEGAL ANALYSIS, DEVELOPMENT OF FORMAL COMMENTS AND TESTIMONY, ADVOCACY, AND SPECIAL STUDIES ON CRITICAL ISSUES FOR THE CANCER COMMUNITY ASCO staff interact and collaborate on a regular basis with ASCO state and regional affili ates, OTHER MEDICAL SPECIALTY AND PROFESSIONAL SOCIETIES, CONGRESS, THE ADMINISTRATION, AN D PATIENT ADVOCATE ORGANIZATIONS TO ADVANCE COMMON GOALS RELATED TO CANCER RESEARCH AND QU ALITY CARE THE STATE/REGIONAL AFFILIATE PROGRAM - THE AFFILIATE PROGRAM WAS CREATED IN 19 93 TO BETTER ADDRESS ISSUES RAISED IN THE PRACTICE OF ONCOLOGY, AND TO FACILITATE ASCO'S O WN ADVOCACY PROGRAMS THE 48 STATE/REGIONAL AFFILIATES INTERACT WITH ASCO THROUGH THE STAT E AFFILIATE COUNCIL, WHERE EACH SOCIETY HAS A VOTING REPRESENTATIVE CHARGED WITH SERVING A S THE BRIDGE BETWEEN THE SOCIETY AND ASCO AFFILIATES HAVE ACCESS TO A NUMBER OF PROGRAMS INCLUDING STATE SOCIETY MEMBERSHIP RECRUITMENT AND RETENTION ASSISTANCE, LEADERSHIP TRAINI NG, FEDERAL-LEVEL ADVOCACY SUPPORT, EDUCATION AND RESOURCES ON PRACTICE-RELATED ISSUES, AN D A WEBSITE DEVELOPMENT TOOL ORIGINAL DATA COLLECTION - ASCO CONDUCTS STUDIES AND ANALYSE S TO ASSESS THE CURRENT STATE OF ONCOLOGY CARE AND RESEARCH AND DETERMINE THE NEED FOR AND IMPACT OF POLICY CHANGES EXPENSES $18,436,967 INCLUDING GRANTS OF $0 REVENUE $363,711 MEMBER RELATIONS AND INFORMATION ASCO WORKS TO SUPPORT AND EDUCATE ITS MORE THAN 44,000 MEMBERS THROUGH ITS DAILY ACTIVITIES, INCLUDING PROCESSING NEW MEMBERSHIP APPLICATIONS AND MEMBER DUES, PHONE AND EMAIL COMMUNICATIONS, RESEARCHING AND FULFILLING MEMBER REQUESTS, MAINTAINING THE INTEGRITY OF MEMBER DATA, AND NEW MEMBER RECRUITMENT AND RETENTION EFFORTS ASCO CONNECTION IS THE OFFICIAL BIMONTHLY MEMBER MAGAZINE FOR AND ABOUT MEMBERS OF ASCO IT IS THE PRIMARY SOURCE OF INFORMATION ABOUT ASCO'S PROGRAMS AND SERVICES ALONG WITH IT S COMPANION PROFESSIONAL NETWORKING SITE, ASCOCONNECTION ORG, ASCO CONNECTION PROMOTES OPP ORTUNITIES FOR INTERACTION BETWEEN ASCO AND ITS MEMBERS, AND MEMBERS AND THEIR COLLEAGUES TO FACILITATE THE DISSEMINATION OF INFORMATION RELATING TO CUTTING EDGE RESEARCH, BEST PRA CTICES STANDARDS, AND TREATMENT OF PATIENTS ASCOCONNECTION ORG FEATURES COMMENTARY BY LEA DERS IN THE FIELD, DISCUSSION FORUMS, ONLINE EXCLUSIVES AND COMMENT-ENABLED ARTICLES FROM THE MEMBER MAGAZINE, AND OPPORTUNITIES TO CREATE GROUPS EXPENSES $4,754,433 INCLUDING GR ANTS OF $0 REVENUE $7,936,273

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	COMMUNICATIONS AND PATIENT INFORMATION ASCO PROVIDES THE PUBLIC, INCLUDING PATIENTS, TH E MEDIA, LEGISLATORS, PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS, WITH ACCURATE INFORM ATION ABOUT CANCER, CANCER CARE, TREATMENT, RESEARCH, PREVENTION, AND OTHER ISSUES IMPORTA NT TO THE CANCER COMMUNITY ASCO HAS A FREE PATIENT EDUCATION WEBSITE, CANCER NET (WWW CAN CER NET), AVAILABLE TO THE PUBLIC, INCLUDING PATIENTS, THEIR CAREGIVERS, FAMILY MEMBERS AN D FRIENDS, THE MEDIA AND HEALTH CARE PROFESSIONALS, THAT PROVIDES UP-TO-DATE INFORMATION A BOUT CANCER, CANCER CARE, TREATMENT, SURVIVORSHIP, RESEARCH, PREVENTION, AND OTHER ISSUES IMPORTANT TO THE CANCER COMMUNITY THE SITE OFFERS MEDICAL INFORMATION ON MORE THAN 120 TY PES OF CANCER AND RELATED SYNDROMES, CLINICAL TRIALS, MANAGING SIDE EFFECTS, CAREGIVING, A ND HOW TO COPE WITH THE EMOTIONAL AND SOCIAL EFFECTS OF LIVING WITH CANCER IN ADDITION TO ITS WEBSITE CONTENT, ASCO OFFERS PRINTED MATERIALS FOR PATIENTS, SUCH AS CANCER NET'S GU IDES TO CANCER (DETAILED GUIDES COVERING SYMPTOMS, RISK FACTORS, DIAGNOSIS, STAGING, TREAT MENT,CLINICAL TRIAL RESOURCES, SIDE EFFECTS, AFTER TREATMENT, CURRENT RESEARCH AND QUESTIO NS TO ASK THE DOCTOR), ASCO ANSWERS FACT SHEETS (A SERIES OF FACT SHEETS THAT PROVIDE AN I NTRODUCTION TO A SPECIFIC TYPE OF CANCER OR CANCER-RELATED TOPIC, INCLUDING AN OVERVIEW, A N ILLUSTRATION OF WHERE IT STARTS, HOW IT IS TREATED, TERMS TO KNOW, QUESTIONS TO ASK THE DOCTOR), BOOKLETS ON TOBACCO CESSATION, CANCER SURVIVORSHIP, ADVANCED CANCER CARE PLANNING , MANAGING THE COST OF CANCER CARE, AND CANCER IN OLDER ADULTS ADDITIONAL RESOURCES AVAIL ABLE ON CANCER NET EXPENSES $9,767,302 INCLUDING GRANTS OF $0 REVENUE $166,635

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	As of december 31, 2017, 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 includes two ex-officio directors without the right to vote, who are the chief executive officer of asco (ceo) and the chair of the board of directors of conquer cancer foundation of the american society of clinical oncology (a non-profit, 501(c)(3) tax-exempt related organization of asco) During the reporting year, the board of directors delegated authority to act on its behalf to the executive committee of the board of directors, consistent with asco's bylaws The voting members of the executive committee were the president, president-elect, the chair, the past president, and those directors serving the final year of their present terms The ceo is a non-voting member of the executive committee All executive committee members are members of asco's board of directors The scope of the executive committee's authority is established by asco's bylaws, which provide that, except to the extent specifically prohibited by resolution of the board of directors or otherwise prohibited by law, the executive committee of the board is empowered to make and implement major decisions between board meetings and it may act on items requiring action prior to the next announced board of directors All actions of the executive committee are reported to the board of directors at the next meeting of the board of directors immediately following the action taken by the executive committee, consistent with asco's bylaws

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ASCO MEMBERS ARE ELECTED BY THE BOARD OF DIRECTORS, CONSISTENT WITH ASCO'S BYLAWS NO MEMBER IS ENTITLED TO RECEIVE A SHARE OF ASCOS PROFITS OR EXCESS DUES OR A SHARE OF ASCOS NET ASSETS UPON DISSOLUTION THE CATEGORIES OF MEMBERSHIP WITH VOTING RIGHTS AND SPECIFIED RIGHTS ARE AS FOLLOWS 1 FULL MEMBERS 1 A FULL MEMBERS ARE (A) EXPERIENCED LICENSED PHYSICIANS OF ANY NATION WHO DEVOTE A MAJORITY OF THEIR PROFESSIONAL ACTIVITY TO CANCER PATIENT CARE AND/OR RESEARCH OR EDUCATION IN THE BIOLOGY, DIAGNOSIS, PREVENTION OR TREATMENT OF HUMAN CANCER (IN EXCEPTIONAL CASES, OTHER PHYSICIANS WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE FIELD ARE ELIGIBLE FOR FULL MEMBER STATUS), AND (B) OTHER HEALTH PROFESSIONALS AT THE DOCTORAL LEVEL (E G ,EPIDEMIOLOGISTS, BIOSTATISTICIANS, PUBLIC HEALTH SPECIALISTS, NURSES, OTHER SCIENTISTS, ETC) OR INDIVIDUALS WITH EQUIVALENT ACADEMIC RANKS WHO DEVOTE A MAJORITY OF THEIR PROFESSIONAL ACTIVITY TO CANCER PATIENT CARE AND/OR RESEARCH OR EDUCATION IN THE BIOLOGY, DIAGNOSIS, PREVENTION OR TREATMENT OF HUMAN CANCER 1 B RIGHTS OF FULL MEMBERS INCLUDE THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION 2 EMERITUS MEMBERS 2 A EMERITUS MEMBERS ARE FULL, ALLIED PHYSICIAN/DOCTORAL SCIENTIST, INTERNATIONAL CORRESPONDING AND AFFILIATED HEALTH PROFESSIONAL MEMBERS WHO HAVE REQUESTED EMERITUS STATUS AT AGE 70, UPON RETIREMENT OR EARLIER IF PERMANENTLY DISABLED 2 B EMERITUS MEMBERS WHO AT THE TIME OF THE REQUEST WERE FULL MEMBERS RETAIN THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION 3 HONORARY MEMBERS 3 A HONORARY MEMBERS ARE INDIVIDUALS WHO HAVE MADE AN OUTSTANDING CONTRIBUTION TO CLINICAL ONCOLOGY WHO ARE DESIGNATED AS AN HONORARY MEMBER BY THE BOARD OF DIRECTORS 3 B MEMBERS HAVE THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	VOTING MEMBERS OF ASCO ELECT ALL 18 VOTING MEMBERS OF THE ASCO BOARD OF DIRECTORS THE CATEGORIES OF MEMBERS WHO ARE ELIGIBLE TO VOTE FOR THE ELECTION OF MEMBERS OF THE GOVERNING BODY ARE FULL MEMBERS, EMERITUS MEMBERS WHO WERE FULL MEMBERS AT THE TIME OF REQUEST FOR EMERITUS MEMBER STATUS, AND HONORARY MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ASCOS CERTIFICATE OF INCORPORATION MAY ONLY BE AMENDED UPON THE VOTE OF THE MEMBERS ENTITLED TO VOTE, AND THE BYLAWS MAY ONLY BE AMENDED AND DISSOLUTION OF THE CORPORATION MAY ONLY BE APPROVED WITH THE APPROVAL OF BOTH THE BOARD OF DIRECTORS AND VOTING MEMBERS OF ASCO THE CATEGORIES OF MEMBERS WHO ARE ELIGIBLE TO VOTE ARE FULL MEMBERS, EMERITUS MEMBERS WHO WERE FULL MEMBERS AT THE TIME OF REQUEST FOR EMERITUS MEMBER STATUS, AND HONORARY MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	AN ELECTRONIC COPY OF THE ASCO FORM 990 WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS AND WAS DISCUSSED AT A MEETING OF THE BOARD BEFORE IT WAS FILED THE ASCO FORM 990 WAS REVIEWED BY THE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, THE CHIEF EXECUTIVE OFFICER, AND THE SENIOR VICE PRESIDENT AND CHIEF LEGAL OFFICER PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ASCO MAINTAINS A NUMBER OF WRITTEN CONFLICT OF INTEREST POLICIES AND STANDARDS REGARDING THE DISCLOSURE AND MANAGEMENT OF CONFLICTS OF INTEREST THESE POLICIES AND STANDARDS COVER ALL ASCO MEMBERS AND EMPLOYEES, DIRECTORS, OFFICERS, COMMITTEE MEMBERS, AND ANY PERSON IN A RELATIONSHIP WITH THESE INDIVIDUALS INVOLVING THE SHARING OF INCOME OR ASSETS (E G SPOUSE, DEPENDENT CHILDREN) 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 OR WHEN ANY MATERIAL CHANGES OCCUR ASCO'S CONFLICT OF INTEREST POLICIES ARE INTENDED TO HELP GUIDE THE MANAGEMENT OF ACTUAL, POTENTIAL, AND PERCEIVED CONFLICTS OF INTEREST THROUGH DISCLOSURE OF FINANCIAL INTERESTS OR OTHER RELATIONSHIPS WHERE THE NATURE AND EXTENT OF A FINANCIAL RELATIONSHIP SUGGEST DISCLOSURE IS NOT ADEQUATE TO MANAGE A REAL OR POTENTIAL CONFLICT, COVERED INDIVIDUALS ARE REQUIRED TO RECUSE THEMSELVES FROM DECISION MAKING RECUSAL MAY BE SELF-SELECTED, OR MAY BE REQUESTED BY THE COMMITTEE CHAIR, OFFICER, OR EXECUTIVE-LEVEL STAFF MEMBERS IN ADDITION, IF ASCO WERE TO CONTEMPLATE ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY INTERESTED PERSON (I E AN ASCO DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF AN ASCO COMMITTEE WITH BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE TRANSACTION), IT MUST FOLLOW A SPECIFIC PROCEDURE TO MANAGE THE CONFLICT, INCLUDING CONSIDERING ALTERATIVE TRANSACTIONS THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	Compensation of chief executive officer (ceo) the duties of the ceo of asco include servi ng as the ceo of asco, the ceo of asco's non-profit, 501(c)(3) tax-exempt related organiz ation, conquer cancer foundation of clinical oncology (cc), qopi certification program, ll c, the president of asco leasing llc, and the chair of the board of directors of cancerlin q 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 t he ceo was determined by the asco board of directors, following the review and recommendat ion of the board compensation committee The compensation committee consulted with indepen dent legal counsel and its independent compensation consultant The independent compensati on consultant collected and reported on comparable market data (including data on comparab le compensation for similarly qualified persons in functionally comparable positions at si milarly situated organizations) and provided its opinion that the compensation for the ceo was reasonable The review, recommendation, and determination of the ceo's compensation b ased on the above described process were most recently undertaken in 2017 Vice President AND Chief Financial Officer the compensation of the Vice President AND Chief Financial Of ficer (VP & CFO) was considered and approved by the board compensation committee, after re ceiving the recommendation of the ceo and consulting with independent legal counsel and it s independent compensation consultant as follows The independent compensation consultant collected and reported on comparable market data (including data on comparable compensatio n for similarly qualified persons in functionally comparable positions at similarly situat ed organizations) and provided its opinion that the proposed compensation for the VP & cfo was reasonable The consideration and approval of the compensation of the VP & cfo based on the above described process were most recently undertaken in 2017 Senior Vice Presiden t & Chief Medical Officer the compensation of the Senior Vice President & Chief Medical O fficer (SVP & CMO) was considered and approved by the Board Compensation Committee, after receiving the recommendation of the CEO and consulting with independent legal counsel and its independent compensation consultant as follows The independent compensation consultan t collected and reported on comparable market data (including data on comparable compensat ion for similarly qualified persons in functionally comparable positions at similarly situ ated organizations) and provided its opinion that the compensation for the SVP & CMO was r easonable The written employment contract between the SVP & CMO and ASCO address compensa tion of the SVP & CMO The consideration and approval of the compensation of the SVP & CMO based on the above described process was most recently undertaken in 2017 Executive Vice President & Chief Philanthrop

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ıc Officer of the conquer cancer foundation of clinical oncology (cc) the Executive Vice President & Chief Philanthropic Officer of CC ıs an employee of asco The asco board compe nsation committee considered and approved the compensation of the Executive Vice President & Chief Philanthropic Officer of CC after receiving the recommendation of the ceo and con sulting with ındependent legal counsel and ıts ındependent compensation consultant as foll ows The ındependent compensation consultant collected and reported on comparable market d ata (ıncludıng data on comparable compensation for sımılarly qualified persons ın function ally comparable positions at sımılarly sıtuated organizations) and provided ıts opınion th at the compensation of the Executive Vice President & Chief Philanthropic Officer of CC wa s reasonable The consideration and approval of the compensation of the Executive Vice Pre sident & Chief Philanthropic Officer of CC based on the above described process were most recently undertaken ın 2017 Chief Executive Officer of CancerLınQ LLC the compensation o f the Chief Executive Officer of CancerLınQ LLC (CEO of CLQ) was considered and approved b y the Board Compensation Committee, after receiving the recommendation of the CEO and cons ulting with ındependent legal counsel and ıts ındependent compensation consultant as follo ws The ındependent compensation consultant collected and reported on comparable market da ta (ıncludıng data on comparable compensation for sımılarly qualified persons ın functiona lly comparable positions at sımılarly sıtuated organizations) and provided ıts opınion tha t the compensation for the CEO of CLQ was reasonable The consideration and approval of th e compensation of the SVP & CMO based on the above described process was most recently und ertaken ın 2017 Vice president, ıntegrated media and technology the compensation of the vice president, ıntegrated media and technology was considered and approved by the board c ompensation committee, after receiving the recommendation of the ceo and consulting with ı ndependent legal counsel and ıts ındependent compensation consultant as follows The ındep endent compensation consultant collected and reported on comparable market data (ıncludıng data on comparable compensation for sımılarly qualified persons ın functionally comparabl e positions at sımılarly sıtuated organizations) and provided ıts opınion that the compens ation of the vice president, ıntegrated media and technology was reasonable The considera tion and approval of the compensation of the vice president, ıntegrated media and technolo gy based on the above described process were most recently undertaken ın 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ASCO'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST ASCO'S CERTIFICATE OF INCORPORATION IS ALSO AVAILABLE TO THE PUBLIC THROUGH THE SECRETARY OF STATE OF NEW YORK ASCO'S CONFLICT OF INTEREST POLICY IS POSTED ON ASCO'S WEBSITE, AND IS AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST ASCO'S ANNUAL REPORT IS POSTED ON ASCO'S WEBSITE AND IS AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN ON INTEREST RATE SWAP $1,289,983

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COMMISSIONS TOTAL FEES 4976661

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PUBLIC RELATIONS COORDINATOR TOTAL FEES 1266105

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PROFESSIONAL SERVICES TOTAL FEES 11940341

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) QOPI Certification Program LLC 2318 MILL ROAD ALEXANDRIA, VA 22314 27-1629211	accreditation	VA	2,117,459	-383,515	ASCO
(2) ASCO LEASING LLC 2318 MILL ROAD ALEXANDRIA, VA 22314 27-3378225	RENTAL	VA	1,163,863	359,603	ASCO
(3) CANCERLINQ LLC 2318 MILL ROAD ALEXANDRIA, VA 22314 47-2315885	QUALITY IMPRO	VA	11,184,369	9,564,874	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) No
(1)CONQUER CANCER FOUNDATION OF ASCO 2318 MILL ROAD ALEXANDRIA, VA 22314 31-1667995	Grants	VA	501(C)(3)	7	asco	Yes	

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

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

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

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 13-6180380
Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
conquer cancer foundation of asco	b	4,553,000	fmv
conquer cancer foundation of asco	c	11,641,675	fmv
conquer cancer foundation of asco	e	58,605,000	fmv
conquer cancer foundation of asco	j	226,200	fmv
conquer cancer foundation of asco	m	4,500,000	fmv
conquer cancer foundation of asco	n	226,200	fmv
conquer cancer foundation of asco	o	1,478,000	fmv
conquer cancer foundation of asco	q	114,373	fmv