

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1801 RESEARCH BOULEVARD 400</b> City or town, state or province, country, and ZIP or foreign postal code <b>ROCKVILLE, MD 20850</b> <b>F</b> Name and address of principal officer: <b>DAVID PENBERTHY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>51-0137807</b> <b>E</b> Telephone number <b>(301)984-9496</b> <b>G</b> Gross receipts \$ <b>15,297,072.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.ACCC-CANCER.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1974</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	15
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	0
	<b>6</b> Total number of volunteers (estimate if necessary) .....	69
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	54,200.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	0.
Revenue		
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	15,850,794.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	1,422,702.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	56,155.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	31,400.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	17,361,051.
Expenses		
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	18,245.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,454,906.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	12,407,517.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	12,425,762.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	4,935,289.
Net Assets or Fund Balances		
	<b>20</b> Total assets (Part X, line 16) .....	17,013,425.
	<b>21</b> Total liabilities (Part X, line 26) .....	1,394,418.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	15,619,007.

**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.

<b>Sign Here</b>	Signature of officer <b>NADINE J. BARRETT, TREASURER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature  Date  Check if self-employed <input type="checkbox"/> PTIN <b>P00288314</b>
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b> Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 800N</b> <b>BETHESDA, MD 20814-2930</b>	Firm's EIN ▶ <b>52-1392008</b> Phone no. <b>301-951-9090</b>

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 [X]

1 Briefly describe the organization's mission: THE CORE PURPOSE OF THE ASSOCIATION OF COMMUNITY CANCER CENTERS (ACCC) IS TO BE THE LEADING EDUCATION AND ADVOCACY ORGANIZATION FOR THE CANCER TEAM. ACCC PROMOTES THE ENTIRE CONTINUUM OF QUALITY CANCER CARE FOR OUR PATIENTS AND COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 9,258,785. including grants of \$ ) (Revenue \$ 54,200. ) PROVIDER ACCESS AND EDUCATION PROJECTS - EXPENSES INCURRED IN THE DEVELOPMENT OF PUBLICATIONS COVERING REIMBURSEMENT ISSUES AND SEVERAL MEETINGS/PROGRAMS ON REIMBURSEMENT, CANCER PROGRAM MANAGEMENT ISSUES, AND PATIENT ACCESS ISSUES.

4b (Code: ) (Expenses \$ 1,663,897. including grants of \$ ) (Revenue \$ 1,710,435. ) CONFERENCE AND MEETINGS/MEMBERSHIP - SEVERAL CONFERENCES AND MEETINGS WERE HELD THROUGHOUT THE YEAR. RECENT ONCOLOGY ISSUES AND DEVELOPMENTS ARE DISCUSSED. MEMBERSHIP INCLUDES THE EXPENSE OF SENDING INFORMATION TO ALL MEMBERS AND RECRUITING NEW MEMBERS.

4c (Code: ) (Expenses \$ 205,075. including grants of \$ ) (Revenue \$ ) JOURNAL - THE JOURNAL IS A PUBLICATION PUBLISHED SIX TIMES A YEAR AND SENT TO ALL MEMBERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 154,142. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 11,281,899.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, foreign accounts, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 15		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</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?	X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **NADINE BARRETT - 301-984-9496**  
**1801 RESEARCH BOULEVARD, SUITE 400, ROCKVILLE, MD 20850**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WENDI L. WAUGH TRUSTEE	1.00	X						3,125.	0.	0.
(2) RANDALL A. OYER IMM. PAST PRES. (UNTIL 02/2022)	1.00	X		X				2,500.	0.	0.
(3) PABLO D. GUTMAN TRUSTEE	1.00	X						2,250.	0.	0.
(4) UNA HOPKINS TRUSTEE TO SEC. (EFF. 03/2022)	1.00	X		X				2,095.	0.	0.
(5) NADINE J. BARRETT TREASURER	1.00	X		X				1,500.	0.	0.
(6) AMY R. ELLIS TRUSTEE	1.00	X						1,000.	0.	0.
(7) KRISTA NELSON PRES. TO IMM. P. PRE. (EFF. 03/2022)	1.00	X		X				1,000.	0.	0.
(8) DAVID R. PENBERTHY PRES.-ELECT TO PRES. (EFF. 03/2022)	1.00	X		X				500.	0.	0.
(9) JORGE GARCIA TRUSTEE	1.00	X						100.	0.	0.
(10) OLALEKAN AJAYI SEC. TO PRES.-ELECT (EFF (03/2022)	1.00	X		X				0.	0.	0.
(11) AMANDA HENSON TRUSTEE (UNTIL 02/2022)	1.00	X						0.	0.	0.
(12) BARB JENSEN TRUSTEE (UNTIL 02/2022)	1.00	X						0.	0.	0.
(13) DAVID R. SPIGEL TRUSTEE	1.00	X						0.	0.	0.
(14) GINAH NIGHTINGALE TRUSTEE	1.00	X						0.	0.	0.
(15) ROBERT R. BURAS TRUSTEE	1.00	X						0.	0.	0.
(16) LAILEA NOEL TRUSTEE (FROM 03/2022)	1.00	X						0.	0.	0.
(17) LEIGHA SENTER-JAMIESON TRUSTEE (FROM 03/2022)	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LORI SCHNEIDER TRUSTEE (FROM 03/2022)	1.00	X						0.	0.	0.
(19) CHRISTIAN DOWNS EXECUTIVE DIRECTOR (SEE SCHED. O)	20.00			X				0.	0.	0.
(20) LOIS UTTERBACK DIRECTOR OF FINANCE (SEE SCHED. O)	20.00			X				0.	0.	0.
<b>1b Subtotal</b>								14,070.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								14,070.	0.	0.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
(C) MANAGEMENT, INC., 1801 RESEARCH BOULEVARD, ROCKVILLE, MD 20850	MANAGEMENT	10,176,840.
CACTUS COMMUNICATION, INC., 214 CARNEGIE CENTER, SUITE 102, PRINCETON, NJ 08540	CONSULTANT FOR EDUC. PROJ.	255,566.
RHIZOME, LLC 311 N. STREET, SW, WASHINGTON, DC 20024	CONSULTANT FOR EDUC. PROJ.	236,050.
RIESTER INFLUENCE, LLC, 4201 WILSON BLVD, THIRD FL, STE 77, ARLINGTON, VA 22203	CONSULTANT FOR EDUC. PROJ.	167,664.
HOGAN LOVELLS US LLP 555 13TH ST SW, WASHINGTON, DC 20004	POLICY ADVOCACY	151,756.

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 **9**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	13,473,001.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			13,473,001.			
Program Service Revenue	<b>2 a</b> MEMBERSHIP DUES	Business Code	900099	885,338.	885,338.		
	<b>b</b> CONFERENCE & MTG FEES		900099	825,097.	825,097.		
	<b>c</b> WEB ADVERTISING		541800	39,360.	39,360.		
	<b>d</b> JOURNAL		541800	14,840.	14,840.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,764,635.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			29,636.		29,636.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			29,800.		29,800.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			15,297,072.	1,710,435.	54,200.	59,436.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	22,595.	22,595.		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	1,871,755.	1,433,488.	186,065.	252,202.
<b>b</b> Legal .....	66,935.	66,935.		
<b>c</b> Accounting .....	30,500.		30,500.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	11,289.		11,289.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	10,209,993.	8,231,980.	837,311.	1,140,702.
<b>12</b> Advertising and promotion .....	44,810.	44,810.		
<b>13</b> Office expenses .....	283,335.	262,279.	15,706.	5,350.
<b>14</b> Information technology .....	96,978.	96,978.		
<b>15</b> Royalties .....	3,067.	775.	2,292.	
<b>16</b> Occupancy .....	1,800.		1,800.	
<b>17</b> Travel .....	275,287.	219,940.		55,347.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	532,020.	532,020.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	20,193.		20,193.	
<b>23</b> Insurance .....	21,829.		21,829.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>HONORARIUMS AND AWARDS</b> .....	351,451.	351,451.		
<b>b</b> <b>MEMBERSHIP</b> .....	14,809.	14,809.		
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b> .....	5,144.	3,839.		1,305.
<b>d</b> <b>TAXES</b> .....	4,525.		4,525.	
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	13,868,315.	11,281,899.	1,131,510.	1,454,906.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,223,176.	<b>1</b>	11,852,325.
	<b>2</b> Savings and temporary cash investments .....	556,020.	<b>2</b>	804,853.
	<b>3</b> Pledges and grants receivable, net .....	4,141,014.	<b>3</b>	3,784,858.
	<b>4</b> Accounts receivable, net .....	9,979.	<b>4</b>	207,173.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	181,591.	<b>9</b>	335,893.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 100,275.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 88,496.	31,971.	<b>10c</b> 11,779.
	<b>11</b> Investments - publicly traded securities .....	1,869,674.	<b>11</b>	1,782,629.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	17,013,425.	<b>16</b>	18,779,510.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	969,462.	<b>17</b>	1,229,910.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	424,956.	<b>19</b>	646,969.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,394,418.	<b>26</b>	1,876,879.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,491,215.	<b>27</b>	2,444,281.
	<b>28</b> Net assets with donor restrictions .....	13,127,792.	<b>28</b>	14,458,350.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	15,619,007.	<b>32</b>	16,902,631.
	<b>33</b> Total liabilities and net assets/fund balances .....	17,013,425.	<b>33</b>	18,779,510.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,297,072.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,868,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,428,757.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,619,007.
5	Net unrealized gains (losses) on investments	5	-145,133.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,902,631.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9227712.	10697493.	10390327.	15850794.	13473001.	59639327.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9227712.	10697493.	10390327.	15850794.	13473001.	59639327.
<b>5</b> 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) .....						27160843.
<b>6 Public support.</b> Subtract line 5 from line 4.						32478484.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	9227712.	10697493.	10390327.	15850794.	13473001.	59639327.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	19,223.	57,574.	55,804.	81,155.	59,436.	273,192.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	5.	2,020.	1,711.			3,736.
<b>11 Total support.</b> Add lines 7 through 10						59916255.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,752,514.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	54.21 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	51.29 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**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.)

DRAFT

**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2021**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
ABBVIE	2,795,116.	1,596,791.
AMGEN	4,660,017.	3,461,692.
ASTRAZENECA/MEDIMMUNE, LLC	8,614,660.	7,416,335.
BRISTOL-MYERS SQUIBB	5,181,399.	3,983,074.
EISAI	1,392,967.	194,642.
ELI LILLY	1,772,561.	574,236.
GENENTECH	1,835,621.	637,296.
JANSSEN BIOTECH	2,640,959.	1,442,634.
MERCK	3,089,793.	1,891,468.
PFIZER	7,161,000.	5,962,675.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		27,160,843.

DRAFT

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

ASSOCIATION OF COMMUNITY CANCER CENTERS

Employer identification number

51-0137807

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b>	Employer identification number <b>51-0137807</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRISTOL-MYERS SQUIBB 430 E. 29 STREET, 14 FLOOR NEW YORK CITY, NY 10016	\$ 2,165,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ASTRAZENECA 950 WIND RIVER LN GAITHERSBURG, MD 20878	\$ 2,022,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JANSSEN/JOHNSON & JOHNSON 1125 TRENTON-HARBOURTON ROAD TITUSVILLE, NJ 08560	\$ 835,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AMGEN ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320	\$ 618,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GENENTECH 600 MASSACHUSETTS AVE NW SUITE 300 WASHINGTON, DC 20001	\$ 607,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PFIZER, INC 235 EAST 42ND STREET NEW YORK CITY, NY 10017	\$ 586,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b>	Employer identification number <b>51-0137807</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

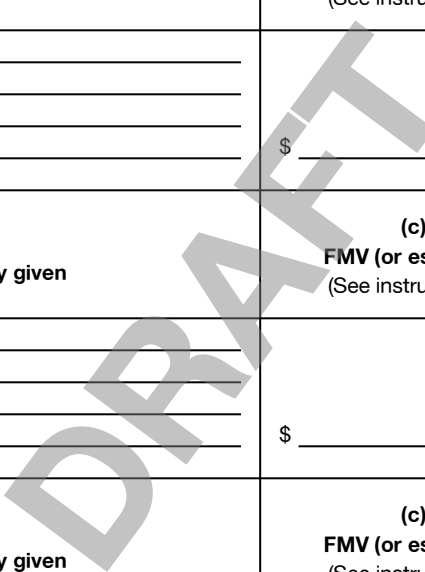
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<b>MERCK &amp; CO</b> 351 N. SUMMNEYTOWN PIKE NORTH WALES, PA 19454	\$ 583,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>LILLY ONCOLOGY</b> 893 DELAWARE ST INDIANAPOLIS, IN 46225	\$ 570,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<b>INCYTE</b> 1801 AUGUSTINE CUT-OFF WILMINGTON, DE 19803	\$ 520,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<b>GILEAD</b> 9021 BENNETT CREEK BLVD FREDERICK, MD 21704	\$ 410,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b>	Employer identification number  <b>51-0137807</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

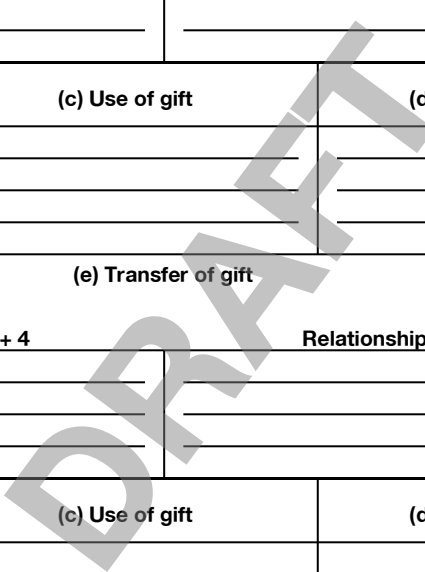
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b>	Employer identification number <b>51-0137807</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b>	Employer identification number <b>51-0137807</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	130.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	394.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	524.													
<b>d</b>	Other exempt purpose expenditures .....	13,793,671.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	13,794,195.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	839,710.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	209,928.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	739,130.	735,371.	768,768.	839,710.	3,082,979.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,624,469.
<b>c</b> Total lobbying expenditures	35,637.	1,908.	17,642.	524.	55,711.
<b>d</b> Grassroots nontaxable amount	184,783.	183,843.	192,192.	209,928.	770,746.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,156,119.
<b>f</b> Grassroots lobbying expenditures	6,685.	810.	7,148.	130.	14,773.

Schedule C (Form 990) 2021

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	2a
<b>b</b> Carryover from last year	2b
<b>c</b> Total	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
<b>4</b> 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
<b>5</b> 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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **ASSOCIATION OF COMMUNITY CANCER CENTERS** Employer identification number **51-0137807**

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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)? .....

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		100,275.	88,496.	11,779.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,779.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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



**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	15,140,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-145,133.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-145,133.	
3	Subtract line 2e from line 1	3	15,285,783.	
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	11,289.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	11,289.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,297,072.	

**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	13,857,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	13,857,026.	
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	11,289.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	11,289.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,868,315.	

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

FOR THE YEAR ENDED JUNE 30, 2022, ACCC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. ACCC REPORTS UNRELATED BUSINESS INCOME FOR ADVERTISING; HOWEVER, DURING THE YEAR ENDED JUNE 30, 2022, ACCC'S NET INCOME ON THIS ACTIVITY WAS IMMATERIAL. ACCORDINGLY, A LIABILITY HAS NOT BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(C) MANAGEMENT, INC. (CMI)	CHRISTIAN DOWNS, EX	10,294,845.	THE ORGANIZ		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: (C) MANAGEMENT, INC. (CMI)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHRISTIAN DOWNS, EXECUTIVE DIRECTOR OF ACCC, IS PRESIDENT OF CMI.

(C) AMOUNT OF TRANSACTION \$ 10,294,845.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION DELEGATED MANAGEMENT DUTIES TO (C) MANAGEMENT, INC (CMI). CMI PROVIDES A VARIETY OF SERVICES, INCLUDING MANAGEMENT AND SUPPORT SERVICES. CHRISTIAN DOWNS, THE PRESIDENT OF CMI, SERVES AS EXECUTIVE DIRECTOR OF THE ASSOCIATION. LOIS UTTERBACK, AN EMPLOYEE OF CMI, SERVES AS THE DIRECTOR OF FINANCE FOR ACCC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O  
(Form 990)

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization

ASSOCIATION OF COMMUNITY CANCER CENTERS

Employer identification number

51-0137807

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

OTHER

EXPENSES \$ 154,142. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION DELEGATED CONTROL OVER MANAGEMENT DUTIES TO (C)  
MANAGEMENT, INC (CMI). CMI PROVIDES A VARIETY OF SERVICES, INCLUDING  
MANAGEMENT AND SUPPORT SERVICES. CHRISTIAN DOWNS, THE PRESIDENT OF CMI,  
SERVES AS EXECUTIVE DIRECTOR OF THE ASSOCIATION. LOIS UTTERBACK, AN  
EMPLOYEE OF CMI, SERVES AS THE DIRECTOR OF FINANCE FOR ACCC.

THE CONTRACT BETWEEN THE ASSOCIATION AND CMI PROVIDES A FIXED FEE FOR THE  
COMPREHENSIVE SERVICES THAT ARE PROVIDED AND DOES NOT SPECIFY HOW MUCH OF  
THE PAYMENT IS FOR EACH SERVICE. THUS, THERE IS NO AMOUNT OF THE OVERALL  
FEE THAT IS SPECIFICALLY ATTRIBUTABLE TO THE COMPENSATION OF OFFICERS.  
HOWEVER, THE ASSOCIATION ESTIMATES THAT \$181,305 OF THE TOTAL FEES PAID TO  
CMI ARE FOR THE SERVICES OF THE EXECUTIVE DIRECTOR AND \$134,895 ARE FOR THE  
SERVICES OF THE DIRECTOR OF FINANCE. THE BOARD APPROVED THE MANAGEMENT FEES  
USING A STUDY DONE BY AN INDEPENDENT FIRM OF FAIR MARKET VALUE RATES FOR  
MANAGEMENT FIRMS IN THE SAME GEOGRAPHIC AREA.

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

THE ORGANIZATION HAS FOUR CLASSES OF MEMBERS: CANCER PROGRAM MEMBERS,  
SYSTEM MEMBERS, CHAPTERS AND INDIVIDUALS. THE INDIVIDUAL CATEGORY HAS THREE  
TIERS, WITH DUES RATE VARYING AT EACH LEVEL.

Name of the organization ASSOCIATION OF COMMUNITY CANCER CENTERS	Employer identification number 51-0137807
---	--

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

THE ORGANIZATION'S MEMBERS ANNUALLY ELECT AND/OR APPOINT THE BOARD MEMBERS.

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

ANY CHANGES TO THE ORGANIZATION'S BY-LAWS MUST BE APPROVED BY THE MEMBERS.

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

THE ACCC ACCOUNTANT PREPARED THE INFORMATION REQUIRED TO COMPLETE THE 990 AND SUBMITTED IT TO THE OUTSIDE ACCOUNTANTS. THE OUTSIDE ACCOUNTANTS THEN PREPARED THE 990 AND SUBMITTED IT TO THE ACCC ACCOUNTANT AND THE DIRECTOR OF FINANCE FOR REVIEW. AFTER ALL COMMENTS WERE ADDRESSED, THE 990 WAS REVIEWED BY THE FINANCE COMMITTEE. THE PUBLIC DISCLOSURE COPY OF THE RETURN WAS THEN E-MAILED TO THE ENTIRE BOARD. THE BOARD HAD TEN BUSINESS DAYS TO ADDRESS ANY QUESTIONS AND COMMENTS ON THE FORM. AFTER ALL ISSUES WERE RESOLVED, THE FORM WAS E-FILED WITH THE IRS.

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

ANNUALLY, EACH BOARD MEMBER SIGNS A STATEMENT THAT HE/SHE HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY. IF A BOARD MEMBER OR OFFICER DISCOVERS A POSSIBLE CONFLICT OF INTEREST, HE/SHE DISCLOSES THAT INFORMATION TO THE BOARD AS SOON AS POSSIBLE. IF A CONFLICT OF INTEREST ARISES, IT IS ADDRESSED AS FOLLOWS:

A. AN INTERESTED PERSON MAKES A PRESENTATION AT THE BOARD OF TRUSTEES OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

Name of the organization ASSOCIATION OF COMMUNITY CANCER CENTERS	Employer identification number 51-0137807
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B. THE PRESIDENT OR COMMITTEE CHAIR, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

C. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR TRUSTEES OR COMMITTEE DETERMINES WHETHER ACCC CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OF TRUSTEES OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN ACCC'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

IF THE BOARD OR A COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THE BOARD GIVES THE MEMBER THE OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER FURTHER INVESTIGATION, THE BOARD DETERMINES THAT A FAILURE TO DISCLOSE HAS OCCURRED, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. THE SAME CONFLICT OF INTEREST POLICY APPLIES TO BOARD MEMBERS AND EMPLOYEES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Name of the organization	ASSOCIATION OF COMMUNITY CANCER CENTERS	Employer identification number	51-0137807
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## FORM 990, PART IX, LINE 11G, OTHER FEES:

## PROJECT MANAGEMENT:

PROGRAM SERVICE EXPENSES	6,450,845.
MANAGEMENT AND GENERAL EXPENSES	837,311.
FUNDRAISING EXPENSES	1,134,934.
TOTAL EXPENSES	8,423,090.

## DESIGN:

PROGRAM SERVICE EXPENSES	276,223.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	5,250.
TOTAL EXPENSES	281,473.

## EDUCATIONAL PROJECTS:

PROGRAM SERVICE EXPENSES	484,728.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	167.
TOTAL EXPENSES	484,895.

## MARKETING CONSULTING:

PROGRAM SERVICE EXPENSES	326,164.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	112.
TOTAL EXPENSES	326,276.

## OTHER CONSULTING:

PROGRAM SERVICE EXPENSES	694,020.
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Name of the organization ASSOCIATION OF COMMUNITY CANCER CENTERS	Employer identification number 51-0137807
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	239.
TOTAL EXPENSES	694,259.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,209,993.

FORM 990, PART IX, COMPENSATION:

SPEAKER FEES PAID TO DIRECTORS: DURING THE FISCAL YEAR ENDED JUNE 30, 2022, THE ORGANIZATION PAID WENDI L. WAUGH, TRUSTEE, \$4,250; RANDALL A. OYER, IMM. PAST PRES., \$3,500; PABLO D. GUTMAN, TRUSTEE, \$1,500; UNA HOPKINS, SECRETARY, \$2,595; NADINE J. BARRETT, TREASURER, \$2,500; AMY R. ELLIS, TRUSTEE, \$250; KRISTA NELSON, IMM. PAST PRESIDENT, \$250; DAVID R. PENBERTHY, PRESIDENT, \$250; JORGE GARCIA, TRUSTEE, \$250; OLALEKAN AJAYI, TRUSTEE, \$250; AMANDA HENSON, TRUSTEE, \$250; GINAH NIGHTINGALE, TRUSTEE, \$250; ROBERT R. BURAS, TRUSTEE, \$250; LEIGHA SENTER-JAMIESON, TRUSTEE, \$1,000; LORI SCHNEIDER, TRUSTEE, \$5,250 FOR SPEAKING FEES. THIS COMPENSATION WAS AT FAIR MARKET VALUE AND UNRELATED TO THEIR BOARD DUTIES.

\$22,595 IS REPORTED ON FORM 990, PART IX, LINE 5 AS OFFICER'S COMPENSATION AND REPRESENTS THE SPEAKER FEES PAID DURING THE FISCAL YEAR.





Type and Entity: WEBSITE AND PUBLICATIO POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2021	24,920.										
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

DRAFT

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

# 2021

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

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

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>1801 RESEARCH BOULEVARD, 400</b> City or town, state or province, country, and ZIP or foreign postal code <b>ROCKVILLE, MD 20850</b>	<b>D</b> Employer identification number <b>51-0137807</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>18,779,510.</b>				

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

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

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

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

**L** The books are in care of ▶ **NADINE BARRETT** Telephone number ▶ **301-984-9496**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>			
<b>b</b> Other credits (see instructions) .....	<b>1b</b>			
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>			
<b>e Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>			
<b>2</b> Subtract line 1e from Part II, line 7 .....	<b>2</b>			0.
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>			
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>			0.
<b>5</b> Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>			0.
<b>6a</b> Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>			
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>			
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>			
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>			
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>			
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	<b>6g</b>			
<b>7 Total payments.</b> Add lines 6a through 6g .....	<b>7</b>			
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>			
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>			
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>			
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....	<b>11</b>			

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

<b>1</b> At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		<b>Yes</b>	<b>No</b>
			X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year .....			
<b>4</b> Enter available pre-2018 NOL carryovers here .....			
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
<b>6a</b> Did the organization change its method of accounting? (see instructions) .....			X
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	<b>Signature of officer</b> .....	<b>Date</b> .....	<b>TREASURER</b>	<b>Title</b> .....
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature .....	Date .....	Check <input type="checkbox"/> if self-employed PTIN <b>P00288314</b>
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN <b>52-1392008</b>		
	Firm's address <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	Phone no. <b>301-951-9090</b>		

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

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

1  
OMB No. 1545-0047

**2021**

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

<b>A</b> Name of the organization <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b>	<b>B</b> Employer identification number <b>51-0137807</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>541800</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **WEBSITE AND PUBLICATION ADVERTISING**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>	39,360.	46,874.	-7,514.
<b>11</b> Advertising income (Part IX) .....	<b>11</b>	14,840.	27,246.	-12,406.
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	54,200.	74,120.	-19,920.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				
<b>2</b> Salaries and wages .....				
<b>3</b> Repairs and maintenance .....				
<b>4</b> Bad debts .....				
<b>5</b> Interest (attach statement). See instructions .....				
<b>6</b> Taxes and licenses .....				
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion .....				<b>9</b>
<b>10</b> Contributions to deferred compensation plans .....				<b>10</b>
<b>11</b> Employee benefit programs .....				<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII) .....				<b>12</b>
<b>13</b> Excess readership costs (Part IX) .....				<b>13</b> 5,000.
<b>14</b> Other deductions (attach statement) .....				<b>14</b>
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			5,000.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			-24,920.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			-24,920.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

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

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span>				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span>				0.
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span>				0.



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

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

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

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

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

1	Description of exploited activity: <u>WEBSITE</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	39,360.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	46,874.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	-7,514.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.



FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 1  
PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT COSTS		46,874.	
- SUBTOTAL -	1		46,874.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3			46,874.

DRAFT

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

Corporation/Organization name **ASSOCIATION OF COMMUNITY CANCER CENTERS** California corporation number **0017611**

Additional information. See instructions. FEIN **51-0137807**

Street address (suite or room) **1801 RESEARCH BOULEVARD, NO. 400** PMB no.

City **ROCKVILLE** State **MD** ZIP code **20850**

Foreign country name Foreign province/state/county Foreign postal code

**A** First return  Yes  No  
**B** Amended return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** Is the organization a limited liability company?  Yes  No  
**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**O** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,824,071	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	13,473,001	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$50,000, see General Information B</b>	4	15,297,072	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	15,297,072	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	13,868,315	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,428,757	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

**Sign Here** Signature of officer **TREASURER** Title Date  Telephone

Preparer's signature Date Check if self-employed  **P00288314**  PTIN

**Paid Preparer's Use Only** Firm's name (or yours, if self-employed) and address **GELMAN, ROSENBERG & FREEDMAN** 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930 52-1392008  Firm's FEIN

Telephone **301-951-9090**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	29,636	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5	29,800	00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7	1,764,635	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,824,071	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	22,595	00	
	12	Other salaries and wages	•	12		00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	1,800	00
		16	Depreciation and depletion (See instructions)	•	16	20,193	00
		17	Other expenses and disbursements	•	17	13,823,727	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	13,868,315	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		10,779,196		12,657,178
2 Net accounts receivable		9,979		207,173
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 5	1,869,674		1,782,629
10 a Depreciable assets	100,275		100,275	
b Less accumulated depreciation	(68,304)	31,971	(88,496)	11,779
11 Land				
12 Other assets	STMT 6	4,322,605		4,120,751
13 <b>Total assets</b>		17,013,425		18,779,510
<b>Liabilities and net worth</b>				
14 Accounts payable		969,462		1,229,910
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 7	424,956		646,969
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		15,619,007		16,902,631
22 <b>Total liabilities and net worth</b>		17,013,425		18,779,510

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 1,283,624	7	Income recorded on books this year not included in this return. Attach schedule *	• -145,133
2	Federal income tax	•	8	Deductions in this return not charged against book income this year. Attach schedule	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	-145,133
4	Income not recorded on books this year. Attach schedule	•	10	Net income per return. Subtract line 9 from line 6	1,428,757
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•			
6	Total. Add line 1 through line 5	1,283,624			

\* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BRISTOL-MYERS SQUIBB	430 E. 29 STREET, 14 FLOOR NEW YORK CITY, NY 10016		2,165,126.
ASTRAZENECA	950 WIND RIVER LN GAITHERSBURG, MD 20878		2,022,558.
JANSSEN/JOHNSON & JOHNSON	1125 TRENTON-HARBOURTON ROAD TITUSVILLE, NJ 08560		835,000.
AMGEN	ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320		618,332.
GENENTECH	600 MASSACHUSETTS AVE NW SUITE 300 WASHINGTON, DC 20001		607,376.
PFIZER, INC	235 EAST 42ND STREET NEW YORK CITY, NY 10017		586,357.
MERCK & CO	351 N. SUMMNEYTOWN PIKE NORTH WALES, PA 19454		583,643.
LILLY ONCOLOGY	893 DELAWARE ST INDIANAPOLIS, IN 46225		570,092.
INCYTE	1801 AUGUSTINE CUT-OFF WILMINGTON, DE 19803		520,330.
GILEAD	9021 BENNETT CREEK BLVD FREDERICK, MD 21704		410,000.
EMD SERONO	ONE TECHNOLOGY PLACE ROCKLAND, MA 02370		257,000.
G1 THERAPEUTIC	79 T.W. ALEXANDER DRIVE, 4501 RESEARCH COMMONS, RESEARCH TRIANGLE PARK, NC 2		219,000.
THRIVE	38 SIDNEY ST CAMBRIDGE, MA 02139		217,092.
AMERICAN SOCIETY OF CONSULTANT PHARMACISTS	1240 N PITT ST 3RD FLOOR ALEXANDRIA, VA 22314		202,708.

SANOFI	55 CORPORATE DRIVE BRIDGEWATER, NJ 08807	197,500.
BLUEPRINT	45 SIDNEY ST CAMBRIDGE, MA 02139	189,000.
ABBOTT LABORATORIES	100 ABBOTT PARK RD LAKE BLUFF, IL 60044	183,500.
EXACT SCIENCES	5505 ENDEAVOR LN MADISON, WI 53719	177,092.
DAIICHI SANKYO, INC.	211 MT. AIRY ROAD BASKING RIDGE, NJ 07920	175,000.
MD ANDERSON	1515 HOLCOMBE BLVD. HOUSTON, TX 77030	165,963.
ABBVIE	1 N. WAUKEGAN ROAD NORTH CHICAGO, IL 60064	165,000.
NOVARTIS	ONE HEALTH PLAZA EAST HANOVER, NJ 07936	154,121.
BAYER	100 BAYER BOULEVARD WHIPPANY, NJ 07981	140,000.
AXIS	6630 ELI WHITNEY DR SUITE E COLUMBIA, MD 21046	137,477.
GLAXO SMITHKLINE	5 MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	125,000.
INSTITUTE FOR HEALTHCARE IMPROVEMENT	53 STATE STREET, 19TH FLOOR BOSTON, MA 02109	105,879.
SEATTLE GENETICS	21823 30TH DRIVE BOTHELL, WA 98021	95,000.
FOUNDATION MEDICINE	150 SECOND STREET CAMBRIDGE, MA 02141	90,000.
REGENERON	777 OLD SAW MILL RIVER RD TARRYTOWN, NY 10591	90,000.
EISAI	6611 TRIBUTARY ST #1 BALTIMORE, MD 21224	87,023.
MYLAN	1000 MYLAN BLVD. CANONSBURG, PA 15317	79,500.
TAKEDA	ONE TAKEDA PARKWAY DEERFIELD, IL 60015	70,000.
TRIAL LIBRARY INC	103 FOULK RD WILMINGTON, DE 19803	55,457.
GE HEALTH	12120 PLUM ORCHARD DR # G SILVER SPRING, MD 20904	52,500.
COHERUS BIOSCIENCES	333 TWIN DOLPHIN DRIVE, SUITE 600 REDWOOD CITY, CA 94065	45,000.
EXELIXIS	1851 HARBOR BAY PARKWAY ALAMEDA, CA 94502	45,000.
GENMAB US	BUILDING 2, 777 SCUDDERS MILL RD PRINCETON, NJ 08540	45,000.
GRAIL	1401 NEW YORK AVE NW WASHINGTON, DC 20005	45,000.
SERVIER	200 PIER 4 BLVD BOSTON, MA 02210	45,000.
TAIHO ONCOLOGY, INC	101 CARNEGIE CENTER PRINCETON, NJ 08540	45,000.
IPSEN BIOSCIENCE, INC.	650 EAST KENDALL STREET CAMBRIDGE, MA 02142	45,000.
MORPHOSYS	470 ATLANTIC AVE. BOSTON, MA 02210	45,000.
IOVANCE BIOTHERAPEUTICS	300 ROUSE BLVD PHILADELPHIA, PA 19112	44,310.

## ASSOCIATION OF COMMUNITY CANCER CENTERS

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LABCORP ONCOLOGY	531 S. SPRING STREET BURLINGTON, NC 27215	40,825.
ASTELLAS PHARMA	1 ASTELLAS WAY NORTH BROOK, IL 60062	40,000.
ADAPTIVE BIOTECHNOLOGIES	1551 EASTLAKE AVE E, STE 200 ESEATTLE, WA 98102	40,000.
KARYOPHARM	85 WELLS AVENUE 2ND FLOOR NEWTON, MA 02459	40,000.
LEANTAAS	469 EL CAMINO REAL #220 SANTA CLARA, CA 95050	40,000.
PHARMACYCLICS	999 E ARQUES AVE SUNNYVALE, CA 94085	40,000.
SEMA4	1 COMMERCIAL STREET BRANFORD, CT 06405	40,000.
MIRATI THERAPEUTICS INC	3545 CRAY CT SAN DIEGO, CA 92121	39,175.
BEIGENE	2955 CAMPUS DR., 2ND FLOOR SAN MATEO, CA 94403	37,500.
JAZZ PHARMA	2005 MARKET ST 21ST FLOOR PHILADELPHIA, PA 19103	31,734.
TG THERAPEUTICS	2 GANSEVOORT ST, FL 9 NEW YORK CITY, NY 10014	30,000.
CARDINAL HEALTH	7000 CARDINAL PLACE DUBLIN, OH 43017	25,000.
FLATIRON HEALTH	233 SPRING ST NEW YORK CITY, NY 10013	25,000.
MCKESSON SPECIALTY HEALTH	10101 WOODLOCH FOREST DR THE WOODLANDS, TX 77380	25,000.
INTEGRA CONNECT	5018 FLAGLER DRIVE, STE. 600 W. PALM BEACH, FL 33401	21,000.
LUNGEVITY	228 S. WABASH AVENUE, SUITE 700 CHICAGO, IL 60604	18,638.
ELSEVIER, INC	230 PARK AVE, SUITE 800 NEW YORK, NY 10169	17,500.
SOCIETY FOR IMMUNOTHERAPY OF CANCER	555 EAST WELLS STREET, SUITE 1100 MILWAUKEE, WI 53202	15,000.
NAVIGATING CANCER	1008 WESTERN AVENUE, STE 206 SEATTLE, WA 98122	12,500.
AMERISOURCE BERGEN	1 W 1ST AVE CONSHOHOCKEN, PA 19428	10,000.
ANNEXUS HEALTH	417 THORN STREET, SUITE 301 SEWICKLEY, PA 15143	10,000.
CHARTIS ONCOLOGY	150 E PONCE DE LEON AVE # 400 DECATUR, GA 30030	10,000.
SOLUTIONS TOTAL ONE ONCOLOGY	FIFTH THIRD CENTER, 424 CHURCH ST NASHVILLE, TN 37219	10,000.
TAILORMED	142 W 57TH ST 8TH FLOOR NEW YORK, NY 10019	7,500.
TEMPUS LABS	600 W CHICAGO AVE STE #510 CHICAGO, IL 60654	7,500.
ALLIANCE ONCOLOGY	18201 VON KARMAN AVENUE, SUITE 600 IRVINE, CA 92612	5,000.
CONSTANT MEDIA	155 WILLOWBROOK BLVD WAYNE, NJ 07470	5,000.
TOTAL INCLUDED ON LINE 3		<u>13,397,808.</u>



CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
MEMBERSHIP DUES	885,338.
CONFERENCE & MTG FEES	825,097.
WEB ADVERTISING	39,360.
JOURNAL	14,840.
TOTAL TO FORM 199, PART II, LINE 7	1,764,635.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
WENDI L. WAUGH 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE 1.00	4,250.
RANDALL A. OYER 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	IMM. PAST PRES. (UNTIL 02/ 1.00	3,500.
PABLO D. GUTMAN 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE 1.00	1,500.
UNA HOPKINS 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE TO SEC. (EFF. 03/2 1.00	2,595.
NADINE J. BARRETT 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TREASURER 1.00	2,500.
AMY R. ELLIS 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE 1.00	250.
KRISTA NELSON 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	PRES. TO IMM. P. PRE. (EFF 1.00	250.
DAVID R. PENBERTHY 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	PRES.-ELECT TO PRES. (EFF. 1.00	250.

ASSOCIATION OF COMMUNITY CANCER CENTERS

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JORGE GARCIA 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE 1.00	250.
OLALEKAN AJAYI 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	SEC. TO PRES.-ELECT (EFF ( ) 1.00	250.
AMANDA HENSON 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE (UNTIL 02/2022) 1.00	250.
BARB JENSEN 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE (UNTIL 02/2022) 1.00	0.
DAVID R. SPIGEL 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE 1.00	0.
GINAH NIGHTINGALE 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE 1.00	250.
ROBERT R. BURAS 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE 1.00	250.
LAILEA NOEL 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE (FROM 03/2022) 1.00	0.
LEIGHA SENTER-JAMIESON 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE (FROM 03/2022) 1.00	1,000.
LORI SCHNEIDER 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	TRUSTEE (FROM 03/2022) 1.00	5,250.
CHRISTIAN DOWNS 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	EXECUTIVE DIRECTOR (SEE SC 20.00	0.
LOIS UTTERBACK 1801 RESEARCH BOULEVARD, 400 ROCKVILLE, MD 20850	DIRECTOR OF FINANCE (SEE S 20.00	0.

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TOTAL TO FORM 199, PART II, LINE 11

22,595.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
HONORARIUMS AND AWARDS		351,451.
MEMBERSHIP		14,809.
DUES AND SUBSCRIPTIONS		5,144.
TAXES		4,525.
MANAGEMENT FEES		1,871,755.
LEGAL FEES		66,935.
ACCOUNTING FEES		30,500.
INVESTMENT MANAGEMENT FEES		11,289.
OTHER PROFESSIONAL FEES		10,209,993.
ADVERTISING AND PROMOTION		44,810.
OFFICE EXPENSES		283,335.
INFORMATION TECHNOLOGY		96,978.
ROYALTIES		3,067.
TRAVEL		275,287.
CONFERENCES AND CONVENTIONS		532,020.
INSURANCE		21,829.
TOTAL TO FORM 199, PART II, LINE 17		13,823,727.

CA 199	OTHER INVESTMENTS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	1,869,674.	1,782,629.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,869,674.	1,782,629.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	4,141,014.	3,784,858.
PREPAID EXPENSES AND DEFERRED CHARGES	181,591.	335,893.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	4,322,605.	4,120,751.

CA 199	OTHER LIABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	424,956.	646,969.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	424,956.	646,969.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
DESCRIPTION		AMOUNT
UNREALIZED LOSS		-145,133.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-145,133.

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	2,491,215.	2,444,281.
NET ASSETS WITH DONOR RESTRICTIONS	13,127,792.	14,458,350.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	15,619,007.	16,902,631.

**2021 Political or Legislative Activities by  
Section 23701d Organizations**

**3509**

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022.

**Attach to Form 199.** FTB 199N filers see instructions.

Corporation/Organization name <b>ASSOCIATION OF COMMUNITY CANCER CENTERS</b>			California corporation number <b>0017611</b>
Street address (suite, room, or PMB no.) <b>1801 RESEARCH BOULEVARD, NO. 400</b>			FEIN <b>51-0137807</b>
City <b>ROCKVILLE</b>	State <b>MD</b>	ZIP code <b>20850</b>	

**Part I - Political Activities**

Complete if the organization supported or opposed a candidate for public office. See instructions.

**1** Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? **1**  Yes  No  
If "Yes," describe the activities. Provide a summary of any published material relating to the activities.

**2** Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? **2**  Yes  No  
If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to, the amount paid, and date of contribution.

**Part II - Legislative Activities**

Complete if the organization attempted to influence legislation.

**3** Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? **3**  Yes  No  
If "Yes," See instructions.

**4a** Has the organization, during the 2021 taxable year, filed a federal Form 5768? **4a**  Yes  No  
If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b. This fulfills the organization's need to file an election for state purposes.  
If "No", go to question 4b and see instructions.

**4b** Has the organization filed a federal Form 5768 in a prior year that has not been revoked? **4b**  Yes  No  
Note: The organization **cannot** make this election if it is a church, an integrated auxiliary of a church, a private foundation, or an affiliated organization.

Furnish the following financial information for the taxable year:

**5 Exempt Purpose Expenditures**

The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose ..... **5** 13,793,671 | 00

**6 Lobbying Expenditures**

The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation ..... **6** 394 | 00

**7 Grass Roots Expenditures**

The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it ..... **7** 130 | 00

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

**ASSOCIATION OF COMMUNITY CANCER CENTERS**  
Name of Organization

List all DBAs and names the organization uses or has used

**1801 RESEARCH BOULEVARD, NO. 400**  
Address (Number and Street)

**ROCKVILLE, MD 20850**  
City or Town, State, and ZIP Code

**LUTTERBACK@C-MANAGEMENT**  
E-mail Address

**(301)984-9496**  
Telephone Number

**INC.COM**  
E-mail Address

Check if:

- Change of address  
 Amended report

State Charity Registration Number **CT017611**

Corporation or Organization No. **510137807**

Federal Employer ID No. **51-0137807**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 15,297,072 Noncash Contributions \$ 0 Total Assets \$ 18,779,510  
Program Expenses \$ 11,281,899 Total Expenses \$ 13,868,315

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? <b>SEE STATEMENT 10</b>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**NADINE J. BARRETT**

**TREASURER**

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS  
PART B, LINE 1

STATEMENT 10

THE ORGANIZATION DELEGATED MANAGEMENT DUTIES TO (C) MANAGEMENT, INC (CMI). CMI PROVIDES A VARIETY OF SERVICES, INCLUDING MANAGEMENT AND SUPPORT SERVICES. CHRISTIAN DOWNS, THE PRESIDENT OF CMI, SERVES AS EXECUTIVE DIRECTOR OF THE ASSOCIATION. LOIS UTTERBACK, AN EMPLOYEE OF CMI, SERVES AS THE DIRECTOR OF FINANCE FOR ACCC.

DRAFT