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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public  
Inspection

## A For the 2009 calendar year, or tax year beginning

and ending

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

## C Name of organization

TEXAS SOCIETY OF MEDICAL ONCOLOGY, INC.

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

C/O ACCC 11600 NEBEL STREET

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

ROCKVILLE, MD 20852-2557

## D Employer identification number

74-2452162

## E Telephone number

301-984-9496

## F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual  
Other (specify) ▶

## I Website ▶ WWW.TSMO-TEXAS.COM

H Check ☐ if the organization is notJ Tax-exempt status (check only one) — ☒ 501(c) ( 6 ) (insert no) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 151,727.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

|            |                                                                                         |                                                                                                                                                  |          |          |
|------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| Revenue    | 1                                                                                       | Contributions, gifts, grants, and similar amounts received                                                                                       | 1        | 99,500.  |
|            | 2                                                                                       | Program service revenue including government fees and contracts                                                                                  | 2        | 9,750.   |
|            | 3                                                                                       | Membership dues and assessments                                                                                                                  | 3        | 41,000.  |
|            | 4                                                                                       | Investment income                                                                                                                                | 4        | 1,477.   |
|            | 5a                                                                                      | Gross amount from sale of assets other than inventory                                                                                            | 5a       |          |
|            | b                                                                                       | Less cost or other basis and sales expenses                                                                                                      | 5b       |          |
|            | c                                                                                       | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | 5c       |          |
|            | 6                                                                                       | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>        |          |          |
|            | a                                                                                       | Gross revenue (not including \$ _____ of contributions reported on line 1)                                                                       | 6a       |          |
|            | b                                                                                       | Less direct expenses other than fundraising expenses                                                                                             | 6b       |          |
| c          | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c                                                                                                                                               |          |          |
| 7a         | Gross sales of inventory, less returns and allowances                                   | 7a                                                                                                                                               |          |          |
| b          | Less cost of goods sold                                                                 | 7b                                                                                                                                               |          |          |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c                                                                                                                                               |          |          |
| 8          | Other revenue (describe ▶)                                                              | 8                                                                                                                                                |          |          |
| 9          | Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                                   | 9                                                                                                                                                | 151,727. |          |
| Expenses   | 10                                                                                      | Grants and similar amounts paid (attach schedule)                                                                                                | 10       | 1,500.   |
|            | 11                                                                                      | Benefits paid to or for members                                                                                                                  | 11       |          |
|            | 12                                                                                      | Salaries, other compensation, and employee benefits                                                                                              | 12       | 39,917.  |
|            | 13                                                                                      | Professional fees and other payments to independent contractors                                                                                  | 13       | 675.     |
|            | 14                                                                                      | Occupancy, rent, utilities, and maintenance                                                                                                      | 14       | 248.     |
|            | 15                                                                                      | Printing, publications, postage, and shipping                                                                                                    | 15       | 2,992.   |
|            | 16                                                                                      | Other expenses (describe ▶ SEE STATEMENT 1)                                                                                                      | 16       | 35,975.  |
|            | 17                                                                                      | Total expenses. Add lines 10 through 16                                                                                                          | 17       | 81,307.  |
| Net Assets | 18                                                                                      | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18       | 70,420.  |
|            | 19                                                                                      | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19       | 204,045. |
|            | 20                                                                                      | Other changes in net assets or fund balances (attach explanation)                                                                                | 20       |          |
|            | 21                                                                                      | Net assets or fund balances at end of year Combine lines 18 through 20                                                                           | 21       | 274,465. |

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

|                                                                                | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                              | 250,527.              | 284,715.        |
| 23 Land and buildings                                                          |                       |                 |
| 24 Other assets (describe ▶)                                                   |                       |                 |
| 25 Total assets                                                                | 250,527.              | 284,715.        |
| 26 Total liabilities (describe ▶ SEE STATEMENT 2)                              | 46,482.               | 10,250.         |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 204,045.              | 274,465.        |

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 6**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 **SEE STATEMENT 5**(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a32 **Total program service expenses** (add lines 28a through 31a) ☐ 32**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

| (a) Name and address                | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|-------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| ACCC - SEE STATEMENT 3              | MANAGEMENT COMPANY                                       |                                            |                                                                     |                                          |
| ALL CAN BE REACHED C/O ORGANIZATION | 5.00                                                     | 39,917.                                    | 0.                                                                  | 0.                                       |
| LUIS T. CAMPOS                      | PRESIDENT                                                | 1.00                                       | 0.                                                                  | 0.                                       |
| WILLIAM JORDAN                      | PRESIDENT ELECT                                          | 1.00                                       | 0.                                                                  | 0.                                       |
| LON SMITH                           | SECRETARY                                                | 1.00                                       | 0.                                                                  | 0.                                       |
| GARY GROSS                          | TREASURER                                                | 1.00                                       | 0.                                                                  | 0.                                       |
| CHRISTOPHER RUUD                    | PAST PRESIDENT                                           | 1.00                                       | 0.                                                                  | 0.                                       |
| EDWARD AGURA                        | DIRECTOR AT LARGE                                        | 1.00                                       | 0.                                                                  | 0.                                       |
| LUIS CAMACHO                        | DIRECTOR AT LARGE                                        | 1.00                                       | 0.                                                                  | 0.                                       |
| PUNIT CHADHA                        | DIRECTOR AT LARGE                                        | 1.00                                       | 0.                                                                  | 0.                                       |
| JOHN COX                            | DIRECTOR AT LARGE                                        | 1.00                                       | 0.                                                                  | 0.                                       |
| DEBRA PATT                          | DIRECTOR AT LARGE                                        | 1.00                                       | 0.                                                                  | 0.                                       |
| GLADYS RODRIGUEZ                    | MEMBER EX-OFFICIO                                        | 1.00                                       | 0.                                                                  | 0.                                       |
| DAVID GORDON, III                   | HEMATOLOGY CAC REP.                                      | 1.00                                       | 0.                                                                  | 0.                                       |
| ROGER LYONS                         | HEMATOLOGY CAC REP.                                      | 1.00                                       | 0.                                                                  | 0.                                       |
|                                     |                                                          |                                            |                                                                     |                                          |
|                                     |                                                          |                                            |                                                                     |                                          |
|                                     |                                                          |                                            |                                                                     |                                          |
|                                     |                                                          |                                            |                                                                     |                                          |
|                                     |                                                          |                                            |                                                                     |                                          |

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

|                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                          | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                                                                                                                                                         | 33                                           | X   |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes                                                                                                                                                                                                                                                                                 | 34                                           | X   |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T                                                                                                                                                |                                              |     |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                                                                                                                                  | 35a                                          | X   |
| b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                  | 35b                                          | N/A |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N                                                                                                                                                                                                                    | 36                                           | X   |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                                                                                                    | 37a                                          | 0.  |
| b Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                            | 37b                                          | X   |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?                                                                                                                                                                      | 38a                                          | X   |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                                                                        | 38b                                          | N/A |
| 39 Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                            |                                              |     |
| a Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                      | 39a                                          | N/A |
| b Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                             | 39b                                          | N/A |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911                                                                                                                                                                                                                                                                              | N/A                                          |     |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b                                          | N/A |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                                                                                                    |                                              | N/A |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                                                                                      |                                              | N/A |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                           | 40e                                          | X   |
| 41 List the states with which a copy of this return is filed                                                                                                                                                                                                                                                                                                                                        | NONE                                         |     |
| 42a The organization's books are in care of                                                                                                                                                                                                                                                                                                                                                         | ACCC                                         |     |
| Located at                                                                                                                                                                                                                                                                                                                                                                                          | 11600 NEBEL STREET, SUITE 201, ROCKVILLE, MD |     |
| Telephone no                                                                                                                                                                                                                                                                                                                                                                                        | 301-984-9496                                 |     |
| ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                             | 20852-2557                                   |     |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                                                                          | 42b                                          | X   |
| If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                                                                                                     |                                              |     |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                                                                                                                                                                                                    |                                              |     |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?                                                                                                                                                                                                                                                                                                | 42c                                          | X   |
| If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                                                                                                     |                                              |     |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here                                                                                                                                                                                                                                                                                              |                                              |     |
| and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                                                                                                 | 43                                           | N/A |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                               | 44                                           | X   |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                        | 45                                           | X   |

Form 990-EZ (2009)

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|     | Yes | No |
|-----|-----|----|
| 46  |     |    |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

| (a) Name and address of each employee paid more than \$100,000<br>N/A | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|-----------------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

|                          |                                                                                                                                                                                                                                                                                                                       |                 |                                                                              |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------|
| Sign Here                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                 |                                                                              |
|                          | Signature of officer<br><i>Gary Gross</i>                                                                                                                                                                                                                                                                             | Date<br>5-27-10 |                                                                              |
| Paid Preparer's Use Only | Preparer's signature<br><i>Ju M. Hight</i>                                                                                                                                                                                                                                                                            |                 | Date<br>5/18/10                                                              |
|                          | Firm's name (or yours if self-employed)<br>GELMAN, ROSENBERG & FREEDMAN                                                                                                                                                                                                                                               |                 | Check if self-employed <input type="checkbox"/>                              |
|                          | Address and ZIP + 4<br>4550 MONTGOMERY AVE., SUITE 650 NORTH<br>BETHESDA, MARYLAND 20814-2930                                                                                                                                                                                                                         |                 | Preparer's identifying number (See instr.)<br>EIN<br>Phone no (301) 951-9090 |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

| FORM 990-EZ                   | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION                   |                | AMOUNT    |   |
| CHAPTER DUES                  |                | 1,500.    |   |
| INSURANCE                     |                | 575.      |   |
| MEETINGS                      |                | 32,995.   |   |
| MEMBERSHIP                    |                | 282.      |   |
| MISCELLANEOUS                 |                | 420.      |   |
| SUPPLIES                      |                | 203.      |   |
| TOTAL TO FORM 990-EZ, LINE 16 |                | 35,975.   |   |

| FORM 990-EZ                   | OTHER LIABILITIES | STATEMENT   | 2 |
|-------------------------------|-------------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR      | END OF YEAR |   |
| ACCOUNTS PAYABLE              | 4,382.            | 250.        |   |
| DEFERRED REVENUE              | 42,100.           | 10,000.     |   |
| TOTAL TO FORM 990-EZ, LINE 26 | 46,482.           | 10,250.     |   |

| FOOTNOTES | STATEMENT | 3 |
|-----------|-----------|---|
|-----------|-----------|---|

## PART IV - COMPENSATION:

THE DAY-TO-DAY AFFAIRS OF THE ORGANIZATION ARE CONDUCTED BY A MANAGEMENT COMPANY, THE ASSOCIATION OF COMMUNITY CANCER CENTERS, AND THE COMPENSATION PAID TO THIS MANAGEMENT COMPANY IS DISCLOSED IN PART IV.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE PRIMARY PURPOSES OF THE SOCIETY ARE:

1. TO IMPROVE THE QUALITY OF ONCOLOGY CARE AVAILABLE TO THE PEOPLE OF TEXAS.
2. TO MAINTAIN AND ADVANCE THE STANDARDS OF CANCER CARE.
3. TO SUPPORT ONCOLOGY EDUCATION.
4. TO FACILITATE THE DEVELOPMENT AND USE OF NEW CANCER MANAGEMENT TECHNIQUES FOR THE COMMUNITY.
5. TO PROVIDE EFFECTIVE REPRESENTATION OF THE ONCOLOGY FIELD FOR ITS MEMBERS AND THE PUBLIC.
6. TO FOSTER EFFECTIVE COMMUNICATION ENHANCING ACCESS TO SCIENTIFIC, SOCIOECONOMICS, RESEARCH AND OTHER RELEVANT DATA.
7. TO PROMOTE COLLEGIAL RELATIONSHIPS AMONG ONCOLOGISTS IN THE STATE OF TEXAS.

TO PROVIDE ADVOCACY FOR CANCER PATIENTS AND TO PROMOTE STANDARDS OF  
HIGH-QUALITY CANCER CARE IN TEXAS.

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|             |                                                                                 |           |   |
|-------------|---------------------------------------------------------------------------------|-----------|---|
| FORM 990-EZ | EXPLANATION OF BUSINESS INCOME NOT<br>REPORTED ON FORM 990-T<br>PART V, LINE 35 | STATEMENT | 7 |
|-------------|---------------------------------------------------------------------------------|-----------|---|

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INCOME REPORTED ON LINE 2, PART I WAS FROM MEETINGS TO DISCUSS TOPICS  
RELATED TO THE ORGANIZATION'S EXEMPT PURPOSES.