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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 JUL 1, 2009 and ending JUN 30, 2010

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

MINNESOTA SOCIETY OF CLINICAL ONCOLOGY

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

30-0188580

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.MSCO-MINNESOTA.COM

J Tax-exempt status (check only one) — ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not 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 ▶ \$ 129,111.

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

1	Contributions, gifts, grants, and similar amounts received	1	74,000.
2	Program service revenue including government fees and contracts	2	40,500.
3	Membership dues and assessments	3	12,400.
4	Investment income	4	2,211.
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 ☐		
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	129,111.
10	Grants and similar amounts paid (attach schedule) STMT 4	10	15,000.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	35,275.
13	Professional fees and other payments to independent contractors	13	750.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,055.
16	Other expenses (describe ▶ SEE STATEMENT 1)	16	40,662.
17	Total expenses Add lines 10 through 16	17	92,742.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	36,369.
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	214,439.
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	250,808.

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	225,634.	226,319.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	225,634.	226,319.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	11,195.	17,511.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	214,439.	250,808.

932171
02-08-10

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

Form 990-EZ (2009)

10220913 745960 22736

2009.04011 MINNESOTA SOCIETY OF CLINIC 22736_1

Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 7**

(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 6**(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 - STATEMENT 3	MANAGEMENT COMPANY			
ALL IN C/O ORGANIZATION	5.00	35,275.	0.	0.
AMY B. SPOMER, MD	PRESIDENT	1.00	0.	0.
JOSEPH W. LEACH, MD	PRESIDENT ELECT	1.00	0.	0.
LORRE OCHS, MD	SECRETARY/TREASURER	1.00	0.	0.
MARTIN M. OKEN, MD	PAST PRESIDENT	1.00	0.	0.
L. ASTRID GARINO, MD	BOARD MEMBER	1.00	0.	0.
RANDY HURLEY, MD	BOARD MEMBER	1.00	0.	0.
BALKRISHNA JAHAGIRDAR, MD	BOARD MEMBER	1.00	0.	0.
DAVID KING, MD	BOARD MEMBER	1.00	0.	0.
TIM LARSON, MD	BOARD MEMBER	1.00	0.	0.
KURT NISI, MD	BOARD MEMBER	1.00	0.	0.
STEVEN ROUSEY, MD	BOARD MEMBER	1.00	0.	0.
JODI A. NORDBERG	BOARD MEMBER	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	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
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		ASSN OF COMMUNITY CANCER CTR
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	(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
N/A				

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 *[Signature]* Date *10-3-10*

Type or print name and title *Lorne Ochs, Secretary/Treasurer*

Paid Preparer's Use Only Preparer's signature *Amy Brand* Date *9/22/10* Check if self-employed ☐ Preparer's identifying number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 *GELMAN, ROSENBERG & FREEDMAN* EIN

4550 MONTGOMERY AVE., SUITE 650 NORTH Phone no *(301) 951-9090*

BETHESDA, MARYLAND 20814-2930

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
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DESCRIPTION	AMOUNT
INSURANCE	577.
MEETINGS	33,421.
CHAPTER DUES	1,500.
MISCELLANEOUS	545.
INFORMATION SHARING SERVICE	4,031.
SUPPLIES	188.
TELEPHONE	112.
MEMBERSHIP	282.
BANK CHARGES	6.
TOTAL TO FORM 990-EZ, LINE 16	40,662.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	10,395.	12,211.
DEFERRED REVENUE	800.	5,300.
TOTAL TO FORM 990-EZ, LINE 26	11,195.	17,511.

FOOTNOTES	STATEMENT	3
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FORM 990EZ, PART IV: COMPENSATION

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

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	4
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
GRANT MINNESOTA CANCER ALLIANCE 300 WBOB, 1300 S 2ND ST MINNEAPOLIS, MN 55454	NONE	5,000.
GRANT SURVIVOR'S TRAINING FUND 800 IDS CTR, 80 S EIGHTH ST. MINNEAPOLIS, MN 55402	NONE	10,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		15,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- 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

PROGRAM SERVICE ACCOMPLISHMENTS DURING THE YEAR:

- PROVIDED TWICE-YEARLY EDUCATIONAL CONFERENCES TO ONCOLOGISTS AND HEALTHCARE PROFESSIONALS INVOLVED IN THE PROVISION OF CANCER CARE SERVICES
- MADE FINANCIAL CONTRIBUTIONS TO MINNESOTA-BASED NONPROFIT ORGANIZATIONS THAT PROVIDE ASSISTANCE TO CANCER PATIENTS AND THEIR FAMILIES IN MINNESOTA
- SERVED AS A MEMBER RESOURCE ON MEDICARE AND PRIVATE PAYER ISSUES

THE ORGANIZATION'S EXEMPT PURPOSES:

- TO PROMOTE THE HIGHEST PROFESSIONAL STANDARDS OF ONCOLOGY PRACTICE IN THE STATE OF MINNESOTA
- TO STUDY, RESEARCH, AND EXCHANGE INFORMATION LEADING TO IMPROVEMENT IN THE PRACTICE OF ONCOLOGY
- TO SERVE AS AN ADVOCATE FOR ONCOLOGY PATIENTS IN ENSURING THEIR ACCESS TO AND REIMBURSEMENT FOR MEDICAL CARE
- TO ASSIST THE MEMBERSHIP IN PROVIDING QUALITY CANCER CARE TO PATIENTS THROUGH LEGISLATIVE AND CLINICAL AWARENESS

FORM 990-EZ	EXPLANATION OF BUSINESS INCOME NOT REPORTED ON FORM 990-T PART V, LINE 35	STATEMENT	8
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INCOME REPORTED ON PART I, LINE 2 WAS FROM MEETINGS TO DISCUSS TOPICS
RELATED TO THE ORGANIZATION'S EXEMPT PURPOSES.