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## 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)

OMB No 1545-0047

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

## A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>ONCOLOGY NURSING SOCIETY - GROUP</b>		D Employer Identification Number <b>25-1449036</b>
	Doing Business As		E Telephone number <b>(412) 859-6264</b>
	Number and street (or P O box if mail is not delivered to street addr) Room/suite <b>125 ENTERPRISE DRIVE</b>		
	City, town or country State ZIP code + 4 <b>PITTSBURGH PA 15275</b>		G Gross receipts \$ <b>1,509,363.</b>
F Name and address of principal officer <b>Jeffrey G. DeWalt 125 Enterprise Drive Pittsburgh PA 15275</b>			
H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)			
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ <b>N/A</b>			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
L Year of Formation <b>1975</b> M State of legal domicile <b>PA</b>			

## Part I Summary

1 Briefly describe the organization's mission or most significant activities. <u>EDUCATIONAL &amp; LEADERSHIP DEVELOPMENT</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 0
4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 0
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b> 0
6 Total number of volunteers (estimate if necessary)	<b>6</b> 750
7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>
8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>411,917.</b> Current Year <b>481,099.</b>
9 Program service revenue (Part VIII, line 2g)	<b>972,008.</b> <b>883,587.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>16,744.</b> <b>2,570.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>160,498.</b> <b>142,107.</b>
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,561,167.</b> <b>1,509,363.</b>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>268,177.</b> <b>224,203.</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)▶	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,176,172.</b> <b>1,144,758.</b>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,444,349.</b> <b>1,368,961.</b>
19 Revenue less expenses Subtract line 18 from line 12	<b>116,818.</b> <b>140,402.</b>
20 Total assets (Part X, line 16)	Beginning of Current Year <b>2,829,155.</b> End of Year <b>2,971,410.</b>
21 Total liabilities (Part X, line 26)	<b>0.</b> <b>0.</b>
22 Net assets or fund balances Subtract line 21 from line 20	<b>2,829,155.</b> <b>2,971,410.</b>

## Part II Signature Block

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

Sign Here	Signature of officer <u>Jeffrey G. DeWalt</u>		Date <b>11/14/12</b>	
	Type or print name and title <b>Jeffrey G. DeWalt</b>		<b>CFO</b>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶			
	Firm's address ▶			Firm's EIN ▶
				Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

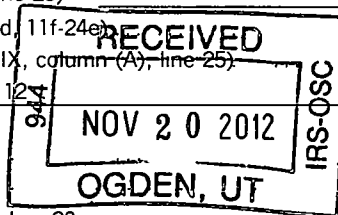
☐ Yes ☒ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

Form 990 (2011)

SCANNED DEC 19 2012



G.B.

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b>
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Check if Schedule O contains a response to any question in this Part III

7

- 1 Briefly describe the organization's mission:

## EDUCATIONAL & LEADERSHIP DEVELOPMENT

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 and section 4947(a)(1) trusts 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 \$ including grants of \$ ) (Revenue \$ )

THE GROUP MEMBERS HOLD LOCAL EDUCATIONAL PROGRAMS AND MEMBERS USE THE SESSIONS FOR NETWORKING AND LEADERSHIP DEVELOPMENT

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

provide grants and awards to members to attend educational  
and leadership programs

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O )

(Expenses	\$	including grants of	\$	) (Revenue	\$
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4e Total program service expenses ▶

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		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? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	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? If 'Yes,' complete Schedule J		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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		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? If 'Yes,' complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		
<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? If 'Yes,' complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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Form 990 (2011)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1 c</b> X	
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2 a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions).		<b>2 b</b>	
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>3 a</b>	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		<b>3 b</b>	
<b>4 a</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)?		<b>4 a</b>	X
<b>b</b> If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5 a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5 b</b>	X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		<b>5 c</b>	
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>6 a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6 b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>7 a</b>	X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		<b>7 b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7 c</b>	X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7 e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7 f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7 g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7 h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?		<b>9 a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9 b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>		
<b>12 a Section 4947(a)(1) nonexempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12 a</b>	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13 a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>14 a</b>	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		<b>14 b</b>	

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1 a</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 in Schedule O.	0	
<b>1 b</b> Enter the number of voting members included in line 1a, above, who are independent.	0	
<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 or 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>7 a</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>7 b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other 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 or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10 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?		
<b>11 a</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>11 b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
<b>12 b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>12 c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is 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 of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16 a</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>16 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

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

☐ Own website    ☐ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Jeffrey G. DeWalt    125 ENTERPRISE DRIVE,    PITTSBURGH,    PA    15275    (412) 859-6100

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) See Attached List President	5.00	X		X				0.	0.	0.
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0.	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 **▶**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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

**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

**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

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b> 235,542.				
	<b>c</b> Fundraising events	<b>1 c</b> 161,840.				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 83,717.				
	<b>g</b> Noncash contributions included in lns 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		481,099.			
<b>PROGRAM SERVICE REVENUE</b>		<b>Business Code</b>				
	<b>2 a</b> CE PROGRAM FEES	900099	307,023.	307,023.	0.	0.
	<b>b</b> EXHIBIT FEES	900099	576,564.	576,564.	0.	0.
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		883,587.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		2,570.	0.	0.	2,570.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real (ii) Personal				
	<b>6 a</b> Gross rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ 161,840. of contributions reported on line 1c). See Part IV, line 18					
	<b>a</b>					
	<b>b</b> Less direct expenses					
	<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>a</b>					
	<b>b</b> Less direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances					
	<b>a</b>					
	<b>b</b> Less cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
	<b>11 a</b> MISC	900099	142,107.	142,107.	0.	0.
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		142,107.			
	<b>12 Total revenue.</b> See instructions		1,509,363.	1,025,694.	0.	2,570.

**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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	22,140.			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	202,063.			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	57,682.			
13 Office expenses	36,180.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	707,933.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Misc</u>	252,424.			
b <u>Camp Expenses</u>	9,364.			
c <u>Charter Renewal Fees</u>	81,175.			
d _____				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,368,961.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	2,829,155.	2	2,971,410.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,829,155.	16	2,971,410.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	0.	17	0.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	2,829,155.	32	2,971,410.
	33 <b>Total net assets or fund balances</b>	2,829,155.	33	2,971,410.
	34 <b>Total liabilities and net assets/fund balances</b>	2,829,155.	34	2,971,410.

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Form 990 (2011)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,509,363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,368,961.
3	Revenue less expenses Subtract line 2 from line 1	3	140,402.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,829,155.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,853.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,971,410.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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 in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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 in Schedule O
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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 in Schedule O and describe any steps taken to undergo such audits

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

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Form 990 (2011)

**SCHEDULE I**  
(Form 990)

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ONCOLOGY NURSING SOCIETY - GROUP**

Employer identification number

25-1449036

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ONS Foundation 125 Enterprise Dr Pittsburgh PA 15275	25-1410081		22,140.				educational as
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

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

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA3901 06/01/11

Schedule I (Form 990) (2011)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ONCOLOGY NURSING SOCIETY - GROUP

Employer identification number

25-1449036

Pt VI, Line 19 none

Pt VI, Line 6 none

Pt VI, Line 7a none

Pt VI, Line 11a later

Pt XI Net of disbanded chapters and new chapter coming on

with a previous opening balance





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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
-----												
-----												
(2) -----												
-----												
-----												
(3) -----												
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
-----							
-----							
(2) -----							
-----							
-----							
(3) -----							
-----							
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**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Oncology Nursing Society	c	6,586.	Actual
(2)			
(3)			
(4)			
(5)			
(6)			

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TEEA5003 05/24/11

Schedule R (Form 990) 2011

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

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

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Area with horizontal dashed lines for supplemental information.

**Supporting Statement of:**

Form 990 p 9/Other amt. not included

Description	Amount
ONS Awards	6,586.
ONS Foundation Awards	2,235.
Pharmaceutical Companies	22,600.
Other Misc Support	52,296.
Total	<u>83,717.</u>

**Supporting Statement of:**

Form 990 p 10/Line 12 col (A)

Description	Amount
Printing	45,342.
Postage	12,340.
Total	<u>57,682.</u>

**Supporting Statement of:**

Form 990 p 10/Line 13 col (A)

Description	Amount
Supplies	25,384.
Bank Fees	10,796.
Total	<u>36,180.</u>

**Supporting Statement of:**

Form 990 p 10/Line 19 col (A)

Description	Amount
Meeting Travel	507,732.
Speakers	115,323.
Fund Raising Costs	84,878.
Total	<u>707,933.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24 col (A)-1

Description	Amount
Misc Support	29,965.
Misc	222,459.
Total	<u>252,424.</u>

List of Chapter Presidents - All Chapter Presidents are volunteers and receive no compensation, no expenses, and no deferred compensation.

TIN	CHAPTER CODE	CHAPTER NAME	FIRST NAME	LAST NAME
1 01-0546527	C341	Northern Maine Oncology Nurses	Patricia	Manning
2 01-0843450	C355	Southern Crescent Onc Nurses (GA)	Holly	SanSoucie
3 02-0528124	C331	Southern New Hampshire Onc Nurses	Anne	Goudreau
4 02-0774187	C348	Lake County (FL)	Colleen	Carter
5 02-0782220	C360	Lakes' Region of Maine	Lori	Dyer
6 03-0576202	C352	Lawrence KS Sunflower	Janice	Schwartz
7 04-3135990	C258	Central Massachusetts	Mary	O'Driscoll
8 04-3148740	C259	Merrimack Valley (MA)	Kathleen	Mitchell
9 04-3367811	C315	Northern Vermont	Anne	Ireland
10 06-1200438	C193	Southwestern Connecticut	Donna	Gonsalves
11 06-1550914	C320	Mid-Hudson Valley	Sara	Winterleitner
12 11-3111176	C292	Suffolk (NY)	Debra	Havranek
13 13-3851208	C299	Verrazano (NY)	Frances	Necci
14 14-1681387	C166	New York Capital District	Kathleen	Morano
15 14-1945973	C347	Mid-Central Florida	Jane	Burgos
20-1723491	C363	Oregon Coastal Connections	Cherie	Cox
16 20-2331449	C345	Rocky Mountain ID-WY	Jenni	Adams
17 20-3070607	C343	Tri State Onc Nurses (IL/IA/MO)	Lisa	Bridgeman
18 20-3358199	C353	Wiregrass (AL)	Melissa	Dasinger
19 20-5834052	C351	Georgia Northwest Crescent	Catherine	Allen
21 22-3503968	C311	Central New Jersey	Mary Lynn	Breslin
22 23-2236905	C106	Philadelphia Area	Barbara	Matthews
23 23-2334832	C150	Greater Lehigh Valley	Robin	Brooks Fritsch
24 23-2722655	C271	West Jersey/Eastern Bucks Cty	Cathy	Fortenbaugh
25 23-2805328	C301	Bucks-Montgomery Counties (PA)	Cynthia	Briola
26 23-2875120	C310	Northeast Pennsylvania	Denise	Paull
27 23-3022136	C319	Reading Area (PA) Onc Nurses	Cynthia	Estock
29 25-1497209	C155	Greater Pittsburgh	Heather	Belansky
30 25-1611508	C267	Pennsylvania Capital Region	Jia	Conway
31 25-1638706	C234	South Central Pennsylvania	Marcia	Satryan
32 26-0342637	C349	Genesee Lapeer Oakland (MI)	Margaret	Ranke
33 26-0747617	C358	Way Out West (WOW) West Houston	Kristi	Schmidt
34 26-1538754	C359	Ohio River Cities	Nancy	Jacobs



List of Chapter Presidents - All Chapter Presidents are volunteers and receive no compensation, no expenses, and no deferred compensation.

35	30-0072270	C336	Mansfield Area (OH)	Marje	Silcox
36	31-1841303	C335	Lanier (GA)	Mark	Clark
37	33-0879705	C322	South Bay (CA)	Nicolann	Hedgpeth
38	34-1325915	C102	Cleveland	Shirley	Mobley
39	34-1763799	C275	Northwest Ohio	Jackie	Davis
40	34-1787213	C296	Northeast Ohio Oncology Nurses	Monica	Caruso
41	34-1980890	C354	Athens Area (GA)	Kristina	Schultz-Tanner
42	35-1687130	C180	Central Indiana	Melissa	Andres
43	35-2210597	C342	Nature Coast Nurses (FL)	Sharon	MacEwen
44	35-2331736	C361	Lancaster Red Rose (PA)	Lori	Gerhart
45	36-3102591	C101	Chicago	Danielle	Gale
46	36-3856852	C277	Chicago Western Suburbs	Kathleen	Farley-Omerod
47	36-3927522	C289	Northern Fox Valley (IL)	Mylene	Mayes
48	36-3959376	C294	Central Illinois Two Rivers	Dawn	Pagan
49	38-2577565	C183	Greater Grand Rapids	Michelle	Weller
50	38-3012247	C254	Greater Lansing Area	Kimberly	King
51	38-3079323	C264	Michigan Traverse Bay Region	Rebecca	Asper
52	38-3174067	C297	Illiana (IL/IN)	Mary	Helderman
53	38-3205178	C291	Southwestern Michigan	Gloria	Pollack
54	39-1781701	C276	North Central Wisconsin	Julene	Diedrich
55	39-1960387	C318	Northeastern Wisconsin	Elisabeth	Yogerst
56	41-1425460	C112	Metro Minnesota	Mary	Ehresman
57	42-1272854	C169	Eastern Iowa	Linda	Abbott
58	42-1448852	C304	Siouxland Regional (IA/NE)	Jennifer	Scott
59	42-1657227	C344	Mercer County (NJ)	Beth	Beckett
60	43-1621120	C262	Southeast Missouri	Terri	Stuckey
61	45-0399189	C261	Missouri Valley (ND)	Mark	Weichel
62	47-0722974	C215	Central Nebraska	Cynthia	Willhoit
63	47-0870271	C339	Heart of the Ozarks (MO)	Sean	Northcutt
64	48-1118037	C287	Wheatland (KS)	Mae	Moore
65	51-0289774	C164	Pinellas County	Rita	King
66	51-0318799	C216	Delaware Diamond	Constance	Hill
67	51-0362838	C293	Penns Wood (PA)	Alice	Veitz
68	52-0887181	C337	Cape Fear (NC)	Leanne	Long

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69	52-1222092	C105	Ann Arbor Michigan	Karen Joy	Duby
70	52-1230067	C103	Richmond Area	Brenda	Miller
71	52-1251921	C119	Toledo Area	Karen	Berlincourt
72	52-1251924	C114	Southeastern Wisconsin	Victoria	Eggebrecht
73	52-1251927	C118	Central Alabama	Deborah	Walker
74	52-1251930	C116	North Central New Jersey	Vivian	Arrindell
75	52-1251939	C123	Houston	Patricia	Johnston
76	52-1251941	C122	San Antonio	Patricia	Wolff
77	52-1251947	C121	St Louis	Margaret	Barton-Burke
78	52-1251951	C120	Middle Tennessee	Merrill	Moore
79	52-1257963	C111	Greater Louisville	Barbara	Head
80	52-1257969	C109	Mt. Hood (OR)	Deborah	Benjamin
81	52-1257971	C113	Boston	Barbara	Cashavelly
82	52-1257973	C108	Orange County	Pamela	Paul
83	52-1277612	C115	Greater Kansas City	Beverly	Wilson
84	52-1280681	C126	Central Mississippi	Donna	Cherkasky
85	52-1280684	C125	Phoenix	Deborah	Green
86	52-1285130	C128	Dallas	Linda	Cole
87	52-1298944	C127	Greater Los Angeles	Joy	Pakkianathan
88	52-1298946	C129	Texas Panhandle	Melva	Davis
89	52-1298947	C104	Metro Detroit	Michelle	Wallace
90	52-1298948	C135	North Carolina Triangle	Rita	Steinbauer
91	52-1298949	C132	Greater Kalamazoo	Amanda	Gaulke
92	52-1298950	C137	Roanoke Area	Anne	Cattigan
93	52-1298951	C131	Northern Virginia	Christine	Helou
94	52-1308650	C133	Wichita Area	Patti	Moser
95	52-1308654	C134	Western New York	Maureen	Kelly
96	52-1308968	C136	Long Island/Queens	Mary Jane	Regan
97	52-1310924	C130	Greater Baltimore	Karen	Oleszewski
98	52-1327294	C139	New Hampshire/Vermont	Sherry	Greifzu
99	52-1338961	C146	Metro Omaha	Tori	Doehling
100	52-1338965	C140	Genesee Valley	Margaret	Zimmer
101	52-1338967	C144	Greater Sacramento	Richelle	Cochran
102	52-1338969	C143	Santa Clara Valley	Katherine	Kearney

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103 52-1341097	C145	Central Iowa	Stephen	Orazem
104 52-1341098	C141	Greater Mohawk Valley	Sheilah	Kittle
105 52-1342649	C107	San Francisco Bay Area	John	Merriman
106 52-1351069	C142	New York City	Kristin	Cawley
107 52-1351071	C138	Northwest Louisiana	Katherine	Hendricks
108 52-1360329	C148	East Central Florida	Judith	Hussey
109 52-1360331	C147	Miami-Dade	Haydee	Kapin
110 52-1360334	C149	Columbus	Alicia	DeFrancesco
111 52-1380130	C151	West Central Ohio	Karen	Agnor
112 52-1380137	C153	Southern Maine	Ludmila	Svoboda
113 52-1389348	C152	Little Rock	Amy	Marker
114 52-1400476	C158	Central New York	Susan	Byrns
115 52-1400477	C159	Augusta Georgia	Pamela	Anderson
116 52-1400479	C160	South Carolina Riverbanks	Jennifer	Peagler
117 52-1400485	C162	Southeast Georgia	Claudine	Coe
118 52-1400490	C163	South Carolina Upstate	Morgan	Gable
119 52-1402778	C157	Puget Sound	Juanita	Madison
120 52-1408881	C154	Central Missouri	Angela	Waller
121 52-1436597	C156	Greater Las Vegas	Shannon	Southwick
122 52-1438203	C165	New Orleans Oncology Nurses	Suzanne	Murray
123 52-1458439	C174	Baton Rouge	Angela	Toney
124 52-1458598	C177	Northwest Indiana	Linda	Hulberg
125 52-1458872	C179	West Kentucky	Marsha	Penrod
126 52-1459081	C170	Rhode Island & SE Massachusetts	Maria	Monteiro
127 52-1460910	C171	Inland Empire	Karen	Contreras
128 52-1463618	C173	San Diego	Jennifer	Alisangco
129 52-1465990	C175	Greater Tampa	Terry	Sylvanus
130 52-1471628	C172	Chattanooga	Melissa	Sindler
131 52-1475542	C178	Washington DC	Erika	Schroeder
132 52-1478335	C184	Potomac Area	Caitlin	Carlock
133 52-1479403	C167	Northeast Florida	Susan	Sumrall
134 52-1493652	C187	East Central Michigan	Kimberly	Ligney
135 52-1501243	C185	Central Illinois	Rhonda	Coppinger
136 52-1504152	C186	Carolina Blue Ridge	Stephanie	Porter

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137	52-1506712	C190	North Central Florida	Gloria	Parker
138	52-1513594	C197	Southeastern Virginia	Donna	Sternberg
139	52-1514479	C192	Bluegrass	Barbara	Thompson
140	52-1516987	C188	Big Sky	Danielle	Wright
141	52-1518586	C195	Florida Space Coast	Denise	Gangraw
142	52-1520236	C204	Hudson Valley	Susan	Epting
143	52-1522397	C203	South Jersey	Barbara	Sproge
144	52-1522457	C199	Cincinnati Tri State	Katherine	White
145	52-1522757	C191	Sonoma County	Peggy	Lee
146	52-1525443	C201	Florida Southern Gulf Coast	Robin	Watson
147	52-1532390	C202	Onc Nurses of Central Oklahoma	Carolyn	Clark
148	52-1533109	C200	Rio Grande	Leticia	Gonzalez
149	52-1541349	C182	Central Connecticut	Lynn	Allchin
150	52-1541514	C198	Fort Worth Regional	Susan	Lockwood
151	52-1548852	C207	Kansas Capitol Area	Vicky	McGrath
152	52-1563064	C208	North Central West Virginia	Deborah	Falconi
153	52-1570121	C210	Greater Charlotte	Janie	Eriksen
154	52-1574978	C212	Palm Beach Area	Cheryl	Casella-Rymer
155	52-1580071	C205	Southeast Minnesota	Sherry	Wolf
156	52-1588490	C211	Piedmont Triad	Suzanne	Carroll
157	52-1636006	C221	Hawaii (Oahu)	Cindy	Kaneshiro
158	52-1639506	C219	Albuquerque	Amy	Gundelach
159	52-1662259	C224	California Central Coast	Katherine	Welch
160	52-1678205	C231	Bluewater International MI	Lisa	Seaford
161	52-1688010	C225	Memphis Area	Barbara	Hudak-Scheirer
162	52-1689042	C232	Red River Valley (ND)	Barbara	Sherburne
163	52-1690644	C230	Northwest Illinois	Karen	Burton
164	52-1696220	C229	Central Shores (CA)	Michelle	Ellis
165	52-1727949	C244	Sierra Nevada	Andrea	Wagner
166	52-1727952	C239	Northwest Florida	Leslie	Yates
167	52-1727954	C248	Tennessee Valley	Carol	Goins
168	52-1735534	C242	Mobile Bay (AL)	Laura	Gibson
169	52-1738004	C246	Southeast Nebraska	Karen	Pribnow
170	52-1738691	C236	Sioux Falls Area (SD)	Alahna	Gross

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171	52-1738692	C228	Mississippi Gulf Coast	Rhonda	Yates
172	52-1742862	C243	Central Florida	Ellen	Reising
173	52-1747262	C241	New York State Southern Tier	Heather	Lee
174	52-1774340	C253	Lake Superior (MN)	Mary Ann	Starkovich-Hirsch
175	52-1776299	C251	Desert Area (CA)	Robin	Foley
176	52-1776763	C257	North Valley (CA)	Kate	McDonald
177	52-1778886	C255	West Michigan Shoreline	Beth	Kastl
178	52-1822328	C265	Wisconsin Capitol	Nancy	Dendaas
179	52-1826404	C266	West Central Minnesota	Ann	Backes
180	52-1862698	C273	Mid-Chesapeake Bay (MD)	Lynn	Finnegan
181	52-1876690	C298	Upper Eastern Shore (MD)	Robin	Ford
182	52-1886937	C279	Florida Gulfside	Liva	Serterides
183	52-1890139	C284	West Texas	Anna	Hulslander
184	52-1930223	C288	Southern Jersey Shore	Louise	Baca
185	52-2016082	C300	Illowa Riverbend (IL/IA)	Kashelle	Roland
186	54-1560911	C238	Blue Ridge of Virginia	Sherry	Kausch
187	54-1896407	C325	Hill City of Virginia	Connie	Gunter-Miller
188	57-0867790	C220	South Carolina Pee Dee	Josephine	Capotosti
189	57-0919737	C250	South Carolina Low Country	Laura	Milligan
190	57-1126479	C332	Coastal South Carolina	Michelle	Knight
191	58-1462412	C117	Metro Atlanta	Maria	Hanik
192	58-2645441	C327	Gwinnett County (GA)	Kimberly	Stump-Sutliff
193	62-1250401	C194	Northeast Tennessee	Stacie	Davis
194	62-1568181	C282	Wabash Valley (IN)	Tamberley	Himes
195	63-0995390	C227	Onc Nurses of North Alabama	Shandry	Goshert
196	63-1281763	C340	Onc Nurses of Northwest Alabama	Fredrica	Hunter
197	65-0472700	C272	Broward Florida	Bernardina	Hussein
198	65-0510411	C280	Imperial Polk County(FL)	Cindy	Horrell
199	68-0224710	C247	Northern Valley Lode (CA)	Carolyn	Fuller
200	68-0438889	C323	Greater Northern California	Christine	Barsi
201	71-0759718	C283	Northwest Arkansas	Jennifer	Ford
202	72-1220371	C252	South Central Louisiana	Elizabeth	Andrepoint
203	72-1294820	C302	Bayou Oncology(C'est BON)(LA)	Carmelite	Leonard
204	73-1296625	C209	Northeast Oklahoma	Carol	Goetz

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205	73-1733567	C346	Treasure Coast (FL)	Kim	Crowe
206	74-2542831	C226	Central Texas	Karla	Smiley
208	75-2452043	C268	Greater East Texas	Andrea	Thompson
209	75-2468971	C306	Texas Llano Estacado	Teddie	Phillips
210	75-2705363	C308	West Central Texas	Marion	Smith
211	76-0190360	C176	Galveston/Bay Area	Deatra	Delcambre
212	77-0206737	C214	California Central Valley	Barbara	Painter
213	80-0305983	C362	Southern Delaware Chapter	Kathy	Dillon
214	81-0507295	C312	Western Montana Onc Nurses	Joni	Arneson
215	82-0458394	C290	Onc Nurses of Southern Idaho	Luana	Donaldson
216	84-0890877	C124	Metro Denver	Maude	Becker
217	84-1149985	C245	Pikes Peak/Southeast Colorado	Kathy	Guy
218	84-1477941	C321	High Plains Oncology Professionals	Micheline	Holladay
219	86-0518371	C161	Southern Arizona	Pamela	Gebhardt
220	86-0831194	C305	Grand Canyon (AZ)	Nancy	Foreman
221	87-0457665	C213	Intermountain (Utah)	Greg	Thorpe
222	90-0450928	C338	California South Valley	Ellen	Woods
223	91-1541551	C260	Inland Northwest (ID/WA)	Carol	Williams
224	91-1601268	C285	Columbia Basin (WA)	Tefna	Litzenberger
225	91-1934020	C307	Central Georgia	Jane	Perazzola
226	91-1999124	C316	Coastal North Carolina	Rosalyn	Jordan
227	91-1999129	C317	NH-Seacoast Oncology Nurses	Colette	Horgan
228	91-2148926	C357	Golden Empire Onc Nurses (CA)	Kara	Shaw
229	92-0173128	C333	Denali Oncology Nursing Society (AK)	Judith	Link
230	94-3207691	C286	California East Bay	Diana	Longacre
231	01-0935708	C366	Five Counties of Miane	Constance	Thyng
232	61-1613713	C364	Northwestern Pennsylvania	Carla	Mayhugh
233	45-4669504	C365	Mountain State	Billie	Thomas
234	27-5094802	C367	Martin County	Stephanie	Keane
235	Do not have	C368	North Shore LA	Pamela	Cambre