See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MINNESOTA SOCIETY OF CLINICAL ONCOLOGY

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
C/O ACCC, 11600 NEBEL STREET 201

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 ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ WWW.MSCO-MINNESOTA.COM

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 126,119.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	84,000.
	2	Program service revenue including government fees and contracts	2	29,750.
	3	Membership dues and assessments	3	12,050.
	4	Investment income SEE SCHEDULE O	4	319.
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less. direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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 in Schedule O)	8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	126,119.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	10,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	40,487.
	13	Professional fees and other payments to independent contractors	13	900.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	166.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	40,643.
	17	**Total expenses** Add lines 10 through 16 ▶	17	92,196.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	33,923.
	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	311,089.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	345,012.

LHA **For Paperwork Reduction Act Notice, see the separate instructions** Form **990-EZ** (2011)

132171
02-06-12

90-5

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	333,280.	22	356,633.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	333,280.	25	356,633.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	22,191.	26	11,621.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	311,089.	27	345,012.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 SEE SCHEDULE O

(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 (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **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)

Check if the organization used Schedule O to respond to any question in this Part IV [X]

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
ACCC - SEE SCHEDULE O ALL IN C/O ORGANIZATION	MANAGEMENT COMPANY 5.00	40,487.	0.	0.
JOSEPH W. LEACH	PRESIDENT 1.00	0.	0.	0.
LORRE OCHS	PRESIDENT ELECT 1.00	0.	0.	0.
STEVEN ROUSEY	SECRETARY/TREASURER 1.00	0.	0.	0.
AMY B. SPOMER	PAST PRESIDENT 1.00	0.	0.	0.
RANDY HURLEY	BOARD MEMBER 1.00	0.	0.	0.
BALKRISHNA JAHAGIRDAR	BOARD MEMBER 1.00	0.	0.	0.
JOHN SENG	BOARD MEMBER 1.00	0.	0.	0.
TIM LARSON	BOARD MEMBER 1.00	0.	0.	0.
KURT NISI	BOARD MEMBER 1.00	0.	0.	0.
NICHOLAS REUTER	BOARD MEMBER 1.00	0.	0.	0.
AVINA SINGH	BOARD MEMBER 1.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule 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 tax year 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 ; section 4912 ▶ N/A ; section 4955 ▶ 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶ SARA WEBER Telephone no ▶ (301)984-9496 Located at ▶ 11600 NEBEL STREET, SUITE 201, ROCKVILLE, MD 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)? 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**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		X
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			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over $100,000 ▶ 0

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 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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 Steven Rosenberg Date 10/30/12

▶ Type or print name and title Steven Rosenberg Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Terri McKnight	Terri McKnight	10/22/12		P00543022

Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN Firm's EIN ▶ 52-1392008

Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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: MINNESOTA SOCIETY OF CLINICAL ONCOLOGY

Employer identification number: 30-0188580

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	319.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: CANCER LEGAL LINE

GRANTEE ADDRESS: P.O. BOX 93 BAYPORT, MN 55003

AMOUNT GIVEN: 10,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	653.
MEETINGS	34,369.
CHAPTER DUES	1,500.
MISCELLANEOUS	448.
SUPPLIES	147.
TELEPHONE	191.
MEMBERSHIP	832.
BANK CHARGES	258.
TRAVEL	2,245.
TOTAL TO FORM 990-EZ, LINE 16	40,643.

FORM 990-EZ, PART I, LINE 2: INCOME REPORTED WAS FROM MEETINGS TO DISCUSS TOPICS RELATED TO THE ORGANIZATION'S EXEMPT PURPOSES.

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: MINNESOTA SOCIETY OF CLINICAL ONCOLOGY

Employer identification number: 30-0188580

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	20,941.	11,621.
DEFERRED REVENUE	1,250.	0.
TOTAL TO FORM 990-EZ, LINE 26	22,191.	11,621.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE:

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

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

MINNESOTA SOCIETY OF CLINICAL ONCOLOGY

Employer identification number

30-0188580

THROUGH LEGISLATIVE AND CLINICAL AWARENESS

FORM 990-EZ, 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.