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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2013**

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning , 2013, and ending ,

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

**C** Name of organization: ONCOLOGY NURSING SOCIETY - GROUP
Doing Business As:
Number and street (or P O box if mail is not delivered to street address): 125 ENTERPRISE DRIVE
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: PITTSBURGH PA 15275

**D** Employer identification number: 25-1449036

**E** Telephone number: (412) 859-6264

**G** Gross receipts $ 1,977,507.

**F** Name and address of principal officer: Jeffrey G. DeWalt 125 Enterprise Drive Pittsburgh PA 15275

**H(a)** Is this a group return for subordinates? ☒ Yes ☐ No

**H(b)** Are all subordinates included? ☒ Yes ☐ No
If 'No,' attach a list. (see instructions)

**H(c)** Group exemption number ► 3187

**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) ( 6 ) ◄ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: ► N/A

**K** Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ►

**L** Year of formation: 1975

**M** State of legal domicile: PA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: EDUCATIONAL & LEADERSHIP DEVELOPMENT

2 Check this box ► ☐ 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) | 3 | 1,500 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 1,500 |
| 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 750 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

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| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 320,177. | 249,555. |
| 9 | Program service revenue (Part VIII, line 2g) | 1,122,178. | 1,337,065. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 7,968. | 2,580. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 349,442. | 256,229. |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,799,765. | 1,845,429. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 307,121. | 333,106. |
| 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) | 1,406,333. | 1,360,469. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,713,454. | 1,693,575. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 86,311. | 151,854. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 3,057,721. | 3,209,575. |
| 21 | Total liabilities (Part X, line 26) | 0. | 0. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 3,057,721. | 3,209,575. |

## 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: J.G. DeWalt — Date: 11/05/14

► Type or print name and title: Jeffrey G. DeWalt CFO

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ► Self-Prepared
Firm's address ►
Firm's EIN ►
Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No



DEC 18 2014

SCANNED

3/6/13

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

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? . . . . . ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ )

PROVIDES GRANTS AND AWARDS TO MEMBER 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 $ )

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* | 1 | | X |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | 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* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** 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* | 4 | | |
| 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* | 5 | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV* | 9 | | 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* | 10 | | 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* | 11a | | 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* | 11b | | 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* | 11c | | 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* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X* | 11e | | 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* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII* | 12a | | 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 and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV* | 16 | | 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)* | 17 | | 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* | 18 | 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* | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H* | 20 | | X |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III* | 22 | X | |
| 23 | 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* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I* | 25a | | |
| 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* | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 27 | 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* | 27 | | X |
| 28 | 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) | | | |
| a | A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* | 28b | | X |
| c | 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* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II* | 32 | | X |
| 33 | 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* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* | 35b | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2* | 36 | | |
| 37 | 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* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

**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 or note to any line in this Part VI . . . . . X

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | 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 | 1a 1,500 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b 1,500 | | |
| 2 | 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? . . . . . | 2 | | X |
| 3 | 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? . . . . . | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | 5 | | X |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | X | |
| 7a | 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? . . . . . | 7a | X | |
| 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? . . . . . | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? . . . . . | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* . . . . . | 9 | | X |

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

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

## 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 ☐ Other *(explain in Schedule O)*

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 or note to any line 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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<br>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** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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) | | | | | | | | | | |
| 1 b Sub-total ► | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A ► | | | | | | | | | | |
| d Total (add lines 1b and 1c) ► | | | | | | | | 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 ►

| | | Yes | No |
|---|---|---|---|
| 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* | 3 | | 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* | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person* | 5 | | X |

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

## Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | 219,022. | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | 11,020. | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 19,513. | | | |
| | g Noncash contributions included in lines 1a-1f $ | | 0. | | | |
| | h Total. Add lines 1a-1f | | 249,555. | | | |
| PROGRAM SERVICE REVENUE | | Business Code | | | | |
| | 2a CE PROGRAM FEES | 900099 | 455,953. | 455,953. | 0. | 0. |
| | b EXHIBIT FEES | 900099 | 864,067. | 864,067. | 0. | 0. |
| | c Sponsorships | 900099 | 17,045. | 17,045. | 0. | 0. |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 1,337,065. | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | | 2,580. | 0. | 0. | 2,580. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | | |
| | b Less cost or other basis and sales expenses | | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including $ 0. of contributions reported on line 1c). See Part IV, line 18 | a 198,616. | | | | |
| | b Less direct expenses | b 132,078. | | | | |
| | c Net income or (loss) from fundraising events | | 66,538. | | 0. | 66,538. |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a MISC | 900099 | 189,691. | 189,691. | 0. | 0. |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | 189,691. | | | |
| | 12 Total revenue. See instructions | | 1,845,429. | 1,526,756. | 0. | 69,118. |

## Part IX Statement of Functional Expenses

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

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

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 37,010. | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | 296,096. | | | |
| 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 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 (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 141,855. | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 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 | 689,002. | 689,002. | | |
| 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 Misc | 323,065. | | | |
| b Camp Expenses | 0. | | | |
| c Charter Renewal Fees | 105,280. | | | |
| d Misc support | 5,319. | | | |
| e All other expenses | 95,948. | | | |
| 25 Total functional expenses Add lines 1 through 24e | 1,693,575. | 689,002. | | |
| 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 ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| ASSETS | 1 | Cash – non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 3,057,721. | 2 | 3,209,575. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other 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) Complete Part II of Schedule L | | 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 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 3,057,721. | 16 | 3,209,575. |
| LIABILITIES | 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 | Loans and other 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 | **Total liabilities.** Add lines 17 through 25 | 0. | 26 | 0. |
| NET ASSETS OR FUND BALANCES | | **Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | | 27 | |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 30 through 34.** | | | |
| | 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 | 3,057,721. | 32 | 3,209,575. |
| | 33 | Total net assets or fund balances | 3,057,721. | 33 | 3,209,575. |
| | 34 | Total liabilities and net assets/fund balances | 3,057,721. | 34 | 3,209,575. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,845,429. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,693,575. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 151,854. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,057,721. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,209,575. |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 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? | 2a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| 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 | 3b | | |

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

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
► **See separate instructions.** ► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

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

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

| Name of organization | Employer identification number |
|---|---|
| ONCOLOGY NURSING SOCIETY - GROUP | 25-1449036 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . ► $

3 Volunteer hours . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ► $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ► $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4 a Was a correction made? . . . . . ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► $

3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ► $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply.

| Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

| If the amount on line 1e, column (a) or (b) is | The lobbying nontaxable amount is |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
|---|---|---|---|---|---|
| 2 a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| *For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | X | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | X | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | X |

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

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

**Part IV Supplemental Information** *(continued)*

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**
**► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization
ONCOLOGY NURSING SOCIETY - GROUP

Employer identification number
25-1449036

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | ► | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 various (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add column (a) through column (c)) |
|---|---|---|---|---|---|
| REVENUE | 1 Gross receipts | 198,616. | | | 198,616. |
| | 2 Less. Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 198,616. | | | 198,616. |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 132,078. | | | 132,078. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 132,078. |
| | 11 Net income summary Subtract line 10 from line 3, column (d) | | | | 66,538. |

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
|---|---|---|---|---|---|
| REVENUE | 1 Gross revenue | | | | |
| DIRECT EXPENSES | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | Yes % / No | Yes % / No | Yes % / No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in.

| | | |
|---|---|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If 'Yes,' enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part V Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I** (Form 990)

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.**

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

Open to Public Inspection

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? . . . . . [X] 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. 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 | | 37,010. | | | | 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 . . . . . ►

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|---|
| 1 | Educational Assistance | 300 | 296,096. | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2 Chapters accept applications, which are reviwed on a no-name basis

Pt I Line 2 and scored. Highest scores receive the funds. The receipients are

Pt I Line 2 required to provide the chapters with financial reports and any unused

Pt I Line 2 funds are to be returned to the chapter.

**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.**

► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

**2013**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| ONCOLOGY NURSING SOCIETY - GROUP | 25-1449036 |

Pt VI, Line 19 none

Pt VI, Line 6 none

Pt VI, Line 7a none

Pt VI, Line 11b Group return is not reviewed prior to filing

**SCHEDULE R** (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization

ONCOLOGY NURSING SOCIETY - GROUP

Employer identification number

25-1449036

**Part I Identification of Disregarded Entities** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Sec 512(b)(13) controlled entity? Yes | (g) Sec 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| (1) Oncology Nursing Society<br>125 Enterprise DRive<br>Pittsburgh, PA 15275<br>51-0183279 | Parent Org. | PA | 501(c)(6) | | N/A | | X |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on 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) Disproportionate allocations? Yes | (h) Disproportionate allocations? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on 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 | (i) Sec 512(b)(13) controlled entity? Yes | (i) Sec 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |

**Part V Transactions With Related Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

| | | | Yes | No |
|---|---|---|---|---|
| 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 | 1a | | X |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| e | Loans or loan guarantees by related organization(s) | 1e | | X |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| h | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| o | Sharing of paid employees with related organization(s) | 1o | | X |
| p | Reimbursement paid to related organization(s) for expenses | 1p | | X |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | X |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| s | Other transfer of cash or property from related organization(s) | 1s | | X |

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 related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | Oncology Nursing Society | c | | Actual |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on 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? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |

**Part VII Supplemental Information**

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

**Supporting Statement of:**

Form 990 p 9/Other amt. not included

| Description | Amount |
|---|---|
| Pharma | 13,700. |
| ONSF | 5,813. |
| Total | 19,513. |

| TIN | Chapter ID and Name | President | Street1 | City | STATE | ZIP | Reportable Comp | Reportable Comp from related Organizations | Estimated Other Comp |
|---|---|---|---|---|---|---|---|---|---|
| 01-0546527 | C341 Northern Maine Oncology Nurses | Patricia Manning | 8 Sunset Ave | Hampden | ME | 04444-1617 | 0 | 0 | 0 |
| 01-0843450 | C355 Southern Crescent Onc Nurses (GA) | Elaine Harbin | 804 Shaw Rd | Sharpsburg | GA | 30277-1615 | 0 | 0 | 0 |
| 01-0935708 | C366 Heart of Maine (formerly Five Counties of Maine) | Terrie Priest | 2315 Level Hill Rd | Palermo | ME | 04354-7527 | 0 | 0 | 0 |
| 02-0528124 | C331 Southern New Hampshire Onc Nurses | Ann Lorden | 633 Center Rd | Lyndeborough | NH | 03082-6315 | 0 | 0 | 0 |
| 02-0774187 | C348 Lake County (FL) | Irene Owens | 33541 E Lake Joanna Dr | Eustis | FL | 32736-7233 | 0 | 0 | 0 |
| 02-0782220 | C342 Nature Coast Nurses (FL) | Lori Dyer | 93 Campus Ave Fl 4 | Lewiston | ME | 04240-6030 | 0 | 0 | 0 |
| 03-0576202 | C352 Lawrence KS Sunflower | Janice Schwartz | 2434 Se Cuvier St | Tecumseh | KS | 66542-9443 | 0 | 0 | 0 |
| 04-3135990 | C258 Central Massachusetts | Patricia Holland Caprera | 391 Sand Dam Rd | Thompson | CT | 06277-1444 | 0 | 0 | 0 |
| 04-3148740 | C259 Merrimack Valley (MA) | Sandra Creamer | 1106 Chandler St | Tewksbury | MA | 01876-3716 | 0 | 0 | 0 |
| 04-3367811 | C315 Northern Vermont | Ellen Crook | 111 Colchester Ave | Burlington | VT | 05401-1416 | 0 | 0 | 0 |
| 06-1200438 | C193 Southwestern Connecticut | Christina Matousek | 392 State St Apt 17d | North Haven | CT | 06473-3128 | 0 | 0 | 0 |
| 06-1550914 | C320 Mid-Hudson Valley | Renee Santiago | 528 Beekman Rd | Hopewell Junction | NY | 12533-6304 | 0 | 0 | 0 |
| 11-3111176 | C292 Suffolk (NY) | Patricia Zirpoli | 408 Thrift St | Ronkonkoma | NY | 11779-6237 | 0 | 0 | 0 |
| 13-3851208 | C299 Verrazzano | Rebecca Kramer | 36 Forrestal Avenue | Staten Island | NJ | 10312-1912 | 0 | 0 | 0 |
| 14-1681387 | C166 New York Capital District | Diane Keasbey | 1 Brocknick Ln | Schaghticoke | NY | 12154-9775 | 0 | 0 | 0 |
| 14-1945973 | C347 Mid-Central Florida | Linda Dolhay | 1431 Sw 1st Ave | Ocala | FL | 34471-6500 | 0 | 0 | 0 |
| 20-1723491 | C363 Oregon Coastal Connections | Cherie Cox | 63769 S Barview Rd | Coos Bay | OR | 97420-8763 | 0 | 0 | 0 |
| 20-2331449 | C345 Rocky Mountain ID-WY | Lesley Goulding | Po Box 25 | Chester | ID | 83421-0025 | 0 | 0 | 0 |
| 20-3070607 | C343 Tri State Onc Nurses (IL/IA/MO) | Diana Veihl | 1036 Payson Ave | Quincy | IL | 62301-4945 | 0 | 0 | 0 |
| 20-3358199 | C353 Wiregrass (AL) | Melissa Lewis | 650 Firetower Rd | Gordon | AL | 36343-7809 | 0 | 0 | 0 |
| 20-5834052 | C351 Georgia Northwest Crescent | Klare Bodycomb | 2251 Meadow Wood Ct | Marietta | GA | 30062-2931 | 0 | 0 | 0 |
| 22-3503968 | C311 Central New Jersey | Mary Brandsema | 423 Elwood St | Forked River | NJ | 08731-2427 | 0 | 0 | 0 |
| 23-2236905 | C106 Philadelphia Area | Ginna Deitrick | 1700 Sycamore St | Wilmington | DE | 19805-4239 | 0 | 0 | 0 |
| 23-2334832 | C150 Greater Lehigh Valley | Robin Brooks Fritsch | 1910 Delancey St | Hellertown | PA | 18055-2833 | 0 | 0 | 0 |
| 23-2722655 | C271 West Jersey/Eastern Bucks Cty | Ginnette Watkins-Keller | 92 Miry Brook Rd | Trenton | NJ | 08690-1511 | 0 | 0 | 0 |
| 23-2805328 | C301 Bucks-Montgomery Counties (PA) | Kathleen MacDonald | 7819 Loretto Ave | Philadelphia | PA | 19111-3546 | 0 | 0 | 0 |
| 23-2875120 | C310 Northeast Pennsylvania | Paula Smith | 949 Jessup St | Dunmore | PA | 18512-2137 | 0 | 0 | 0 |
| 23-3022136 | C319 Reading Area (PA) Onc Nurses | Dawn Fretz | 119 Mayer St | Reading | PA | 19606-1620 | 0 | 0 | 0 |
| 25-1497209 | C155 Greater Pittsburgh | Linda Meyer | 3918 Riddle St | Pittsburgh | PA | 15212-1626 | 0 | 0 | 0 |
| 25-1611508 | C267 Pennsylvania Capital Region | Stacey Houck | 610 Mallard Dr | Etters | PA | 17319-8845 | 0 | 0 | 0 |
| 25-1638706 | C234 South Central Pennsylvania | Cathleen Dillen | 1 Bells Ln | Tyrone | PA | 16686-7559 | 0 | 0 | 0 |
| 26-0342637 | C349 Genesse Lapeer Oakland (MI) | Margaret Ranke | 10218 Chestnut Ridge Ct | Holly | MI | 48442-8236 | 0 | 0 | 0 |
| 26-0747617 | C358 Way Out West (WOW) West Houston | Joan Burnham | 11315 Stoney Meadow Dr | Houston | TX | 77095-6616 | 0 | 0 | 0 |
| 27-4824565 | C368 Northshore LA | Pamela Kaye Cambre | 12372 Northwood Crossing Dr | Hammond | LA | 70401-6014 | 0 | 0 | 0 |
| 27-5094802 | C367 Martin County Florida | Dawn Brown | 8704 Se Jardin St | Hobe Sound | FL | 33455-4325 | 0 | 0 | 0 |
| 30-0072270 | C336 Mansfield Area (OH) | Marje Silcox | 5425 Broadway St | Shelby | OH | 44875-9243 | 0 | 0 | 0 |
| 31-1841303 | C335 Lanier (GA) | Kimberly Tyner-Meeks | 4455 Enfield Dr | Gainesville | GA | 30506-4661 | 0 | 0 | 0 |
| 33-0879705 | C322 South Bay (CA) | Kavaljit Chahal | 11860 Athene Dr | Cerritos | CA | 90703-6844 | 0 | 0 | 0 |
| 34-1325915 | C102 Cleveland | Barbara Thoman | 17165 Golden Star Dr | Strongsville | OH | 44136-7666 | 0 | 0 | 0 |
| 34-1763799 | C275 Northwest Ohio | Cheryl Siegmann | 2370 Baywood Dr | Lima | OH | 45805-3402 | 0 | 0 | 0 |
| 34-1980890 | C354 Athens Area (GA) | Kayo Tsuruta | 131 Wendy Ln | Athens | GA | 30605-3484 | 0 | 0 | 0 |
| 35-1687130 | C180 Central Indiana | Julie Gausvik | 10912 Midnight Dr | Indianapolis | IN | 46239-9180 | 0 | 0 | 0 |
| 35-2210597 | C342 Nature Coast Nurses (FL) | Melynda Wilson | 5527 Browning Dr | New Port Richey | FL | 34655-1230 | 0 | 0 | 0 |
| 35-2331736 | C361 Lancaster Red Rose (PA) | Marcia Ostrowski | 1308 Quarry Ln | Lancaster | PA | 17603-2424 | 0 | 0 | 0 |
| 36-3102591 | C101 Chicago | Christa Lappin | 26225 W Arbor Ln | Channahon | IL | 60410-5547 | 0 | 0 | 0 |
| 36-3856852 | C277 Chicago Western Suburbs | Mary Gleason | 1425 N Randall Rd | Elgin | IL | 60123-2300 | 0 | 0 | 0 |
| 36-3927522 | C289 Northern Fox Valley (IL) | Janet Wesemann | 21513 Weiss Trl | Marengo | IL | 60152-8337 | 0 | 0 | 0 |
| 36-3959376 | C294 Central Illinois Two Rivers | Megan Durflinger | 868 Sunset Rd | Morton | IL | 61550-2642 | 0 | 0 | 0 |
| 38-2577565 | C183 Greater Grand Rapids | Yvette Cole | 4020 Rector Ave Ne | Rockford | MI | 49341-9713 | 0 | 0 | 0 |
| 38-3012247 | C254 Greater Lansing Area | Marcella Williams | 4805 Sutherland Dr | Holt | MI | 48842-1933 | 0 | 0 | 0 |
| 38-3079323 | C264 Michigan Traverse Bay Region | Leone Powell | 190 Roman Dr | Traverse City | MI | 49685-8134 | 0 | 0 | 0 |
| 38-3174067 | C297 Illiana (IL/IN) | Angela Davis | 7947 Boerner Ct | Terre Haute | IN | 47805-1065 | 0 | 0 | 0 |
| 38-3205178 | C291 Southwestern Michigan | Elizabeth Kunkel | 438 Symphony Cir | Saint Joseph | MI | 49085-9133 | 0 | 0 | 0 |
| 39-1781701 | C276 North Central Wisconsin | Nancy Mcdaniel | 904 W Blodgett St | Marshfield | WI | 54449-1811 | 0 | 0 | 0 |
| 39-1960387 | C318 Northeastern Wisconsin | Dale Grimmer | 553 Chatham Ct | Neenah | WI | 54956-4225 | 0 | 0 | 0 |

| TIN | Chapter ID and Name | President | Street1 | City | STATE | ZIP | Reportable Comp | Reportable Comp from related Organizations | Estimated Other Comp |
|---|---|---|---|---|---|---|---|---|---|
| 41-1425460 | C112 Metro Minnesota | Cynthia Graham | 1720 Retreat Cir | Minnetrista | MN | 55364-8406 | | 0 | 0 0 |
| 42-1272854 | C169 Eastern Iowa | Linda Abbott | 200 Hawkins Dr - 278 Mrf | Iowa City | IA | 52242-1009 | | 0 | 0 0 |
| 42-1448852 | C304 Siouxland Regional (IA/NE) | Jennifer Scott | 3505 Dearborn Blvd | Sioux City | IA | 51104-2611 | | 0 | 0 0 |
| 42-1657227 | C344 Mercer County (NJ) | Wendy Luca | 2 Joda Ct | Monmouth Junction | NJ | 08852-2757 | | 0 | 0 0 |
| 43-1621120 | C262 Southeast Missouri | Nancy Tolbert | 1556 State Highway P | Chaffee | MO | 63740-8134 | | 0 | 0 0 |
| 45-0399189 | C261 Missouri Valley (ND) | Luella Theurer | 3043 Cody Dr | Bismarck | ND | 58503-0120 | | 0 | 0 0 |
| 45-4669504 | C365 Mountain State | Heather Woody | 154 Lock Ln | Alum Creek | WV | 25003-9066 | | 0 | 0 0 |
| 47-0722974 | C215 Central Nebraska | Chandra Muske | 815 N Kansas Ave | Hastings | NE | 68901-4470 | | 0 | 0 0 |
| 47-0870271 | C339 Heart of the Ozarks (MO) | Debra McFarland | 2022 S Saratoga Ave | Springfield | MO | 65804-2752 | | 0 | 0 0 |
| 48-1118037 | C287 Wheatland (KS) | Janine Henry | 600 S Santa Fe Ave Ste E | Salina | KS | 67401-4171 | | 0 | 0 0 |
| 51-0289774 | C164 Pinellas County | Vivian Curran | 197 Sheffield Cir W | Palm Harbor | FL | 34683-5742 | | 0 | 0 0 |
| 51-0318799 | C216 Delaware Diamond | Renitia Pulliam | 3612 N Monroe St | Wilmington | DE | 19802-2025 | | 0 | 0 0 |
| 51-0362838 | C293 Penns Wood (PA) | Joy Hepkins | 1010 W Cobbs Creek Pkwy | Yeadon | PA | 19050-3718 | | 0 | 0 0 |
| 52-0887181 | C337 Cape Fear (NC) | Sandra Kirk | 3220 Shadow Ct | Wilmington | NC | 28409-2527 | | 0 | 0 0 |
| 52-1222092 | C105 Ann Arbor Michigan | Marjorie Fulkert | 738 University Ct | Ypsilanti | MI | 48197-1727 | | 0 | 0 0 |
| 52-1230067 | C103 Richmond Area | Wendy Hendrick | 12332 Gayton Station Blvd | Richmond | VA | 23233-6625 | | 0 | 0 0 |
| 52-1251921 | C119 Toledo Area | Christine Ernest | 22975 W Toledo St | Curtice | OH | 43412-9655 | | 0 | 0 0 |
| 52-1251924 | C114 Southeastern Wisconsin | Carrie Bilicki | 2315 E Moreland Blvd | Waukesha | WI | 53186-2939 | | 0 | 0 0 |
| 52-1251927 | C118 Central Alabama | Deborah Walker | 2752 Milner Ct South | Birmingham | AL | 35205-2508 | | 0 | 0 0 |
| 52-1251930 | C116 North Central New Jersey | Kathleen Mastice | 839 Park Ave | Bound Brook | NJ | 08805-1510 | | 0 | 0 0 |
| 52-1251939 | C123 Houston | Rosalyn Jones-Waters | 7007 Autumn Flowers Dr | Katy | TX | 77449-8498 | | 0 | 0 0 |
| 52-1251941 | C122 San Antonio | Jackie Kemp | 6319 Welles Glenn Cir | San Antonio | TX | 78240-4903 | | 0 | 0 0 |
| 52-1251947 | C121 St Louis | Maryann Coletti | 5351 Bischoff Ave | Saint Louis | MO | 63110-3121 | | 0 | 0 0 |
| 52-1251951 | C120 Middle Tennessee | Susan Moore | 912 Neuhoff Ln | Nashville | TN | 37205-4112 | | 0 | 0 0 |
| 52-1257963 | C111 Greater Louisville | Rosemary Wafford | 200 Michelle Dr Unit D | Shepherdsville | KY | 40165-8588 | | 0 | 0 0 |
| 52-1257969 | C109 Mt Hood (OR) | Christopher Fountain | 4805 Ne Glisan St Ste 2n35 | Portland | OR | 97213-2933 | | 0 | 0 0 |
| 52-1257971 | C113 Boston | Tracy Lee | 19 Warwick St | Somerville | MA | 02145-3509 | | 0 | 0 0 |
| 52-1257973 | C108 Orange County | Carol Josephs-Cowan | 7 Glenoaks | Irvine | CA | 92618-3985 | | 0 | 0 0 |
| 52-1277612 | C115 Greater Kansas City | Kathey Huey | 2330 Shawnee Mission Pkwy | Westwood | KS | 66205-2005 | | 0 | 0 0 |
| 52-1280681 | C126 Central Mississippi | Jimmie Wells | 1219a Crump Rd | Jackson | MS | 39209-9713 | | 0 | 0 0 |
| 52-1280684 | C125 Phoenix | Catherine Marceau | 6221 E Sierra Morena St | Mesa | AZ | 85215-7767 | | 0 | 0 0 |
| 52-1285130 | C128 Dallas | Linda Cole | 6258 Goliad Ave | Dallas | TX | 75214-3632 | | 0 | 0 0 |
| 52-1298944 | C127 Greater Los Angeles | Robin Herman | 5811 Shenandoah Ave | Los Angeles | CA | 90056-1423 | | 0 | 0 0 |
| 52-1298946 | C129 Texas Panhandle | Marianne Jones | 6000 Oxbow Trl | Amarillo | TX | 79106-3527 | | 0 | 0 0 |
| 52-1298947 | C104 Metro Detroit | Angela Maynard | 44201 Dequindre Rd | Troy | MI | 48085-1117 | | 0 | 0 0 |
| 52-1298948 | C135 North Carolina Triangle | Cyndy Simonson | 3508 Bellevue Rd | Raleigh | NC | 27609-7104 | | 0 | 0 0 |
| 52-1298949 | C132 Greater Kalamazoo | Norma Lewis | 500 E Cushman St | Three Rivers | MI | 49093-1452 | | 0 | 0 0 |
| 52-1298950 | C137 Roanoke Area | Kendra Case | 1208 Hartsook Blvd Se | Roanoke | VA | 24014-4330 | | 0 | 0 0 |
| 52-1298951 | C131 Northern Virginia | Lois Sutphin | 6716 Lake Dr | Warrenton | VA | 20187-2544 | | 0 | 0 0 |
| 52-1308650 | C133 Wichita Area | Susan Stutz | 7054 E Kellogg Dr Apt E | Wichita | KS | 67207-1624 | | 0 | 0 0 |
| 52-1308654 | C134 Western New York | Martha Kershaw | 111 Morrow Ave | Lockport | NY | 14094-5030 | | 0 | 0 0 |
| 52-1308968 | C136 Long Island/Queens | Colleen O'brien | 2428 Wantagh Ave | Wantagh | NY | 11793-4438 | | 0 | 0 0 |
| 52-1310924 | C130 Greater Baltimore | Nancy Corbitt | 6227 Oak Hill Dr | Eldersburg | MD | 21784-6753 | | 0 | 0 0 |
| 52-1327294 | C139 New Hampshire/Vermont | Elizabeth Mcgrath | 1 Medical Center Dr | Lebanon | NH | 03756-1000 | | 0 | 0 0 |
| 52-1338961 | C146 Metro Omaha | Kathleen Chapman | 2797 Reading Trl | Logan | IA | 51546-5053 | | 0 | 0 0 |
| 52-1338965 | C140 Genesee Valley | Patricia Bieck | 51 Twin Oak Dr | Rochester | NY | 14606-4405 | | 0 | 0 0 |
| 52-1338967 | C144 Greater Sacramento | Kay Harse | 3111 Winchester Dr | Rescue | CA | 95672-9381 | | 0 | 0 0 |
| 52-1338969 | C143 Santa Clara Valley | Sunny Yuan | 1265 Quail Creek Cir | San Jose | CA | 95120-4152 | | 0 | 0 0 |
| 52-1341097 | C145 Central Iowa | Katherine Korinko | 808 Se Trail Ridge Rd | Grimes | IA | 50111-2155 | | 0 | 0 0 |
| 52-1341098 | C141 Greater Mohawk Valley | Sheilah Kittle | 2726 Mohawk St | Sauquoit | NY | 13456-3318 | | 0 | 0 0 |
| 52-1342649 | C107 San Francisco Bay Area | Melissa Viatori | 355 Berry St Apt 415 | San Francisco | CA | 94158-1557 | | 0 | 0 0 |
| 52-1351069 | C142 New York City | German Rodriguez | 15 Park Row Apt 11a | New York | NY | 10038-2310 | | 0 | 0 0 |
| 52-1351071 | C138 Northwest Louisiana | Mary Young | 224 Roma Dr | Shreveport | LA | 71105-3617 | | 0 | 0 0 |
| 52-1360329 | C148 East Central Florida | Carol Raymond | 277 Braeburn Cir | Daytona Beach | FL | 32114-7189 | | 0 | 0 0 |
| 52-1360331 | C147 Miami-Dade | Adrienne Vazquez | 7350 SW 89 Street | Miami | FL | 33156 | | 0 | 0 0 |

| TIN | Chapter ID and Name | President | Street1 | City | STATE | ZIP | Reportable Comp | Reportable Comp from related Organizations | Estimated Other Comp |
|---|---|---|---|---|---|---|---|---|---|
| 52-1360334 | C149 Columbus | Kristina Mathey | 5673 Maple Dell Ct | Hilliard | OH | 43026-7699 | 0 | 0 | 0 |
| 52-1380130 | C151 West Central Ohio | Jill Reese | 2210 Woodedge Ct | Miamisburg | OH | 45342-6403 | 0 | 0 | 0 |
| 52-1380137 | C153 Southern Maine | James Kavanagh | 22 Bramhall Street, Radiation Therap | Portland | OR | 04102-3175 | 0 | 0 | 0 |
| 52-1389348 | C152 Little Rock | Laura Phillips | 4301 W Markham St | Little Rock | AR | 72205-7101 | 0 | 0 | 0 |
| 52-1400476 | C158 Central New York | Kerry Johnson | 210 Semloh Dr | Syracuse | NY | 13219-2828 | 0 | 0 | 0 |
| 52-1400477 | C159 Augusta Georgia | Pamela Anderson | 3914 Loblolly Trl | Martinez | GA | 30907-3356 | 0 | 0 | 0 |
| 52-1400479 | C160 South Carolina Riverbanks | Cheryl Venable | 12 Walnut Wood Ct | Blythewood | SC | 29016-7505 | 0 | 0 | 0 |
| 52-1400485 | C162 Southeast Georgia | Elizabeth White | Po Box 654 | Midway | GA | 31320-0654 | 0 | 0 | 0 |
| 52-1400490 | C163 South Carolina Upstate | Stephanie Hoopes | 21 Northfield Ln | Simpsonville | SC | 29681-4443 | 0 | 0 | 0 |
| 52-1402778 | C157 Puget Sound | Reiko Torgeson | Po Box 14844 | Mill Creek | WA | 98082-2844 | 0 | 0 | 0 |
| 52-1408881 | C154 Central Missouri | Jeanette Linebaugh | 2506 Longview Dr | Columbia | MO | 65203-7247 | 0 | 0 | 0 |
| 52-1436597 | C156 Greater Las Vegas | Dina Faucher | 7582 Las Vegas Blvd S # 569 | Las Vegas | NV | 89123-1009 | 0 | 0 | 0 |
| 52-1438203 | C165 New Orleans Oncology Nurses | Nerissa Wood | 585 Gordon Ave | Harahan | LA | 70123-3943 | 0 | 0 | 0 |
| 52-1458439 | C174 Baton Rouge | Kimberly Martinez | 33945 Renee Ave | Denham Springs | LA | 70706-1123 | 0 | 0 | 0 |
| 52-1458598 | C177 Northwest Indiana | Linda Hulberg | 288 Juniper St | Park Forest | IL | 60466-1725 | 0 | 0 | 0 |
| 52-1458872 | C179 West Kentucky | Lisa Feldsien | 5407 Pace Dr | Paducah | KY | 42001-9613 | 0 | 0 | 0 |
| 52-1459081 | C170 Rhode Island & SE Massachusetts | Sandra Urban-Lynch | 96 Prospect Farm Rd | Portsmouth | RI | 02871-3941 | 0 | 0 | 0 |
| 52-1460910 | C171 Inland Empire | Rose Virani | 10395 Hidden Farm Rd | Alta Loma | CA | 91737-1723 | 0 | 0 | 0 |
| 52-1463618 | C173 San Diego | Laura Spriggs | 1209 Hueneme St Apt 10 | San Diego | CA | 92110-1415 | 0 | 0 | 0 |
| 52-1465990 | C175 Greater Tampa | Patricia Williams | 6150 Oak Cluster Cir | Tampa | FL | 33634-2343 | 0 | 0 | 0 |
| 52-1471628 | C172 Chattanooga | Michele Mcnabb | 141 Old Lower River Cir Nw | Charleston | TN | 37310-5240 | 0 | 0 | 0 |
| 52-1475542 | C178 Washington DC | Elizabeth Fagan | 815 G St Sw | Washington | DC | 20024-2485 | 0 | 0 | 0 |
| 52-1478335 | C184 Potomac Area | Judith Lawrence | 9308 Weathervane Pl | Montgomery Village | MD | 20886-1411 | 0 | 0 | 0 |
| 52-1479403 | C167 Northeast Florida | Paul Diblasi | 1226 7th Ave N | Jacksonville Beach | FL | 32250-3536 | 0 | 0 | 0 |
| 52-1501243 | C185 Central Illinois | Rhonda Coppinger | 1122 N Springfield St | Virden | IL | 62690-1032 | 0 | 0 | 0 |
| 52-1504152 | C186 Carolina Blue Ridge | Melanie Lutz | 810 Fairgrove Church Rd | Hickory | NC | 28602-9617 | 0 | 0 | 0 |
| 52-1506712 | C190 North Central Florida | Susan Moses | 5419 Sw 79th Ter | Gainesville | FL | 32608-4420 | 0 | 0 | 0 |
| 52-1513594 | C197 Southeastern Virginia | Karen Mcclain | 1209 Manor View Ct | Chesapeake | VA | 23321-1260 | 0 | 0 | 0 |
| 52-1514479 | C192 Bluegrass | Carrie Barnett | 1111 N Limestone | Lexington | KY | 40505-3268 | 0 | 0 | 0 |
| 52-1516987 | C188 Big Sky | Kathryn Waitman | 1788 Chandelier Cir | Billings | MT | 59106-1724 | 0 | 0 | 0 |
| 52-1518586 | C195 Florida Space Coast | Denise Gangraw | 4044 Fenrose Circle | Melbourne | FL | 32940-1213 | 0 | 0 | 0 |
| 52-1520236 | C204 Hudson Valley | Maria Serrano | 8 Lakeview Ave | Valhalla | NY | 10595-1418 | 0 | 0 | 0 |
| 52-1522397 | C203 South Jersey | Deborah Selm-orr | 90 Indian Mills Rd | Shamong | NJ | 08088-9512 | 0 | 0 | 0 |
| 52-1522457 | C199 Cincinnati Tri State | Deborah Heim | 1043 Steamboat Way | Ft Mitchell | KY | 41017-5351 | 0 | 0 | 0 |
| 52-1522757 | C191 Sonoma County | Jane Schlutius | 7970 Mitchell Ct | Sebastopol | CA | 95472-4000 | 0 | 0 | 0 |
| 52-1525443 | C201 Florida Southern Gulf Coast | Jennifer Jahn | 1653 Maravilla Ave | Fort Myers | FL | 33901-6948 | 0 | 0 | 0 |
| 52-1533109 | C200 Rio Grande | Dawn Eskilsen | 7532 Luz De Lumbre Ave | El Paso | TX | 79912-8482 | 0 | 0 | 0 |
| 52-1541349 | C182 Central Connecticut | Katherine Clements | 400 Peck Ln | Cheshire | CT | 06410-1546 | 0 | 0 | 0 |
| 52-1541514 | C198 Fort Worth Regional | Tammy Quattrochi | 1948 White Cloud Ct | Haslet | TX | 76052-3226 | 0 | 0 | 0 |
| 52-1563064 | C208 North Central West Virginia | Deborah Falconi | 1298 Downwood Manor Dr | Morgantown | WV | 26508-5300 | 0 | 0 | 0 |
| 52-1570121 | C210 Greater Charlotte | Jeffrey Adams | 10387 Scotland Ave | Fort Mill | SC | 29707-5930 | 0 | 0 | 0 |
| 52-1574978 | C212 Palm Beach Area | Dorothy Godwin | 716 Sw Lake Ct | Boynton Beach | FL | 33426-5439 | 0 | 0 | 0 |
| 52-1580071 | C205 Southeast Minnesota | Joann Williams | 1860 Quarry Ridge Place Nw, #209 | Rochester | MN | 55901-0810 | 0 | 0 | 0 |
| 52-1588490 | C211 Piedmont Triad | Sally Cowgill | 1823 Elizabeth Ave | Winston Salem | NC | 27103-2713 | 0 | 0 | 0 |
| 52-1636006 | C221 Hawaii (Oahu) | Robin Easley | Po Box 894603 | Mililani | HI | 96789-8327 | 0 | 0 | 0 |
| 52-1639506 | C219 Albuquerque | Audrey Sniegowski | 64 Vallecitos Dr | Tijeras | NM | 87059-7302 | 0 | 0 | 0 |
| 52-1662259 | C224 California Central Coast | Mercedita Stoffey | 355 San Juan Grade Rd | Salinas | CA | 93906-1255 | 0 | 0 | 0 |
| 52-1678205 | C231 Bluewater International MI | Lisa Seaford | 890 Virginia Ave | Marysville | MI | 48040-1533 | 0 | 0 | 0 |
| 52-1688010 | C225 Memphis Area | Ellen Hutchinson | 8265 White Wing Ln | Arlington | TN | 38002-4842 | 0 | 0 | 0 |
| 52-1689042 | C232 Red River Valley (ND) | Barbara Sherburne | 5470 49th Ave S | Fargo | ND | 58104-4278 | 0 | 0 | 0 |
| 52-1690644 | C230 Northwest Illinois | Amanda Lynch | 4702 Crescent Dr | Rockford | IL | 61108-4006 | 0 | 0 | 0 |
| 52-1696220 | C229 Central Shores (CA) | Anne Fontenot | 513 Hacienda Dr | Cayucos | CA | 93430-1520 | 0 | 0 | 0 |
| 52-1727949 | C244 Sierra Nevada | Andrea Wagner | 4770 Vista Mountain Dr | Sparks | NV | 89436-4643 | 0 | 0 | 0 |
| 52-1727952 | C239 Northwest Florida | Lois Gaston | 2444 Bowling Green Way | Cantonment | FL | 32533-4542 | 0 | 0 | 0 |
| 52-1727954 | C248 Tennessee Valley | Lynda Mccollum | 1401 Wilshire Pl | Maryville | TN | 37803-6773 | 0 | 0 | 0 |

| TIN | Chapter ID and Name | President | Street1 | City | STATE | ZIP | Reportable Comp | Reportable Comp. from related Organizations | Estimated Other Comp |
|---|---|---|---|---|---|---|---|---|---|
| 52-1735534 | C242 Mobile Bay (AL) | Lashea Payne | 8150 Grand Oaks Dr | Theodore | AL | 36582-5132 | 0 | 0 | 0 |
| 52-1738004 | C246 Southeast Nebraska | Lisa Kendle | 6901 Vanderslice Cir | Lincoln | NE | 68516-9251 | 0 | 0 | 0 |
| 52-1738691 | C236 Sioux Falls Area (SD) | Ardis Hovdenes | 416 N Linwood Ct | Sioux Falls | SD | 57103-1129 | 0 | 0 | 0 |
| 52-1738692 | C228 Mississippi Gulf Coast | Olga Cooper | 1340 Broad Ave Ste 180 | Gulfport | MS | 39501-2555 | 0 | 0 | 0 |
| 52-1742862 | C243 Central Florida | Victoria Chambers | 2685 Rainbow Springs Ln | Orlando | FL | 32828-7780 | 0 | 0 | 0 |
| 52-1747262 | C241 New York State Southern Tier | Susan Damico | 255 Pennsylvania Ave | Apalachin | NY | 13732-2407 | 0 | 0 | 0 |
| 52-1774340 | C253 Lake Superior (MN) | Melissa Shene | 5753 Munger Shaw Rd | Saginaw | MN | 55779-9549 | 0 | 0 | 0 |
| 52-1776299 | C251 Desert Area (CA) | Nelinda Stegall | 67415 Medano Rd | Cathedral City | CA | 92234-3442 | 0 | 0 | 0 |
| 52-1776763 | C257 North Valley (CA) | Peter Miller | Po Box 848 | Forest Ranch | CA | 95942-0848 | 0 | 0 | 0 |
| 52-1778886 | C255 West Michigan Shoreline | Jane Dornbos | 1550 Sunset Point Drive | Muskegon | MI | 49441-5879 | 0 | 0 | 0 |
| 52-1822328 | C265 Wisconsin Capitol | Nancy Dendaas | Radiation Oncology Clinic | Madison | WI | 53792-0001 | 0 | 0 | 0 |
| 52-1826404 | C266 West Central Minnesota | Michele Held | 16195 75th St Ne | Oak Park | MN | 56357-8903 | 0 | 0 | 0 |
| 52-1862698 | C273 Mid-Chesapeake Bay (MD) | Lynn Graze | 2001 Medical Pkwy | Annapolis | MD | 21401-3280 | 0 | 0 | 0 |
| 52-1876690 | C298 Upper Eastern Shore (MD) | Susan Breeding | 604 Fountain Ave | Denton | MD | 21629-1206 | 0 | 0 | 0 |
| 52-1883855 | C369 Upstate New Jersey | Joanne Growney | 57 Sycamore St | Paramus | NJ | 07652-2015 | 0 | 0 | 0 |
| 52-1890139 | C284 West Texas | Marisol Ramos | 4214 N County Road 1133 | Midland | TX | 79705-9476 | 0 | 0 | 0 |
| 52-1930223 | C288 Southern Jersey Shore | Donna Cericola | 507 N Dudley Ave | Ventnor City | NJ | 08406-1513 | 0 | 0 | 0 |
| 52-2016082 | C300 Illowa Riverbend (IL/IA) | Jayne Lopez | 538 W 30th St | Davenport | IA | 52803-1016 | 0 | 0 | 0 |
| 54-1560911 | C238 Blue Ridge of Virginia | Rebecca Cutlip | 3212 Maury River Rd | Lexington | VA | 24450-3109 | 0 | 0 | 0 |
| 54-1896407 | C325 Hill City of Virginia | Connie Gunter-Miller | 3528 Willow Lawn Dr | Lynchburg | VA | 24503-3020 | 0 | 0 | 0 |
| 57-0919737 | C250 South Carolina Low Country | Carrie Wilcox | 1088 Rosemead Rd | Mount Pleasant | SC | 29464-3728 | 0 | 0 | 0 |
| 57-1126479 | C332 Coastal South Carolina | Colleen Farley | 9147 Abingdon Dr | Myrtle Beach | SC | 29579-5192 | 0 | 0 | 0 |
| 58-1462412 | C117 Metro Atlanta | Lanell Bellury | 6849 Womack Ct | Atlanta | GA | 30360-1533 | 0 | 0 | 0 |
| 58-2645441 | C327 Gwinnett County (GA) | Jacqueline Boreland | 390 Riverbirch Ln | Lawrenceville | GA | 30044-4558 | 0 | 0 | 0 |
| 61-1613713 | C364 Northwestern Pennsylvania | Betsy Brown | 17342 Maple Dr | Saegertown | PA | 16433-3420 | 0 | 0 | 0 |
| 62-1250401 | C194 Northeast Tennessee | Stacie Davis | 370 Brethern Church Rd | Jonesborough | TN | 37659-3917 | 0 | 0 | 0 |
| 62-1568181 | C282 Wabash Valley (IN) | Tamberley Himes | 1345 Unity Pl Ste 345 | Lafayette | IN | 47905-5761 | 0 | 0 | 0 |
| 63-0995390 | C227 Onc Nurses of North Alabama | Kathy Cutter | 1525 Chandler Rd Se | Huntsville | AL | 35801-1475 | 0 | 0 | 0 |
| 63-1281763 | C340 Onc Nurses of Northwest Alabama | Karen Mann | 117 Blackberry Trl | Florence | AL | 35630-8907 | 0 | 0 | 0 |
| 65-0472700 | C272 Broward Florida | Mayra Lima | 10420 Nw 18th Pl | Pembroke Pines | FL | 33026-2325 | 0 | 0 | 0 |
| 65-0510411 | C280 Imperial Polk County(FL) | Susan Woodward | 2818 Kimberly Ln | Tampa | FL | 33618-4508 | 0 | 0 | 0 |
| 68-0224710 | C247 Northern Valley Lode (CA) | Patricia Hall | 1130 Amherst Ave | Modesto | CA | 95350-4910 | 0 | 0 | 0 |
| 68-0438889 | C323 Greater Northern California | Kimberlee Cuttler | 1958 El Vista St | Redding | CA | 96002-5314 | 0 | 0 | 0 |
| 71-0759718 | C283 Northwest Arkansas | Jennifer Ford | 3444 W Fairfax St | Fayetteville | AR | 72704-5373 | 0 | 0 | 0 |
| 72-1220371 | C252 South Central Louisiana | Karolyn Maughan | 305 Lighthouse Point Cir | Youngsville | LA | 70592-5693 | 0 | 0 | 0 |
| 72-1294820 | C302 Bayou Oncology(C'est BON)(LA) | Linda Hutchinson | 9448 E Park Ave | Houma | LA | 70363-3897 | 0 | 0 | 0 |
| 73-1296625 | C209 Northeast Oklahoma | Nella-Anne Colby | 7003 S 28th West Ave | Tulsa | OK | 74132-1746 | 0 | 0 | 0 |
| 73-1733567 | C346 Treasure Coast (FL) | Cindy Maloney | 595 35th Ave | Vero Beach | FL | 32968-1944 | 0 | 0 | 0 |
| 74-2542831 | C226 Central Texas | Hannah Lopez | 5009 Barlow Dr | Round Rock | TX | 78681-5529 | 0 | 0 | 0 |
| 75-2452043 | C268 Greater East Texas | Misty Watson | 19148 Fm 756 | Tyler | TX | 75703-8516 | 0 | 0 | 0 |
| 75-2468971 | C306 Texas Llano Estacado | Christy Ratheal | 4101 22nd Pl | Lubbock | TX | 79410-1121 | 0 | 0 | 0 |
| 75-2705363 | C308 West Central Texas | Marion Smith | 7936 Us Highway 277 S | Abilene | TX | 79606-6112 | 0 | 0 | 0 |
| 76-0190360 | C176 Galveston/Bay Area | Deatra Delcambre | 2508 Toledo Ct | League City | TX | 77573-2594 | 0 | 0 | 0 |
| 77-0206737 | C214 California Central Valley | Lydia Miller | 12908 Road 35 1/2 | Madera | CA | 93636-8460 | 0 | 0 | 0 |
| 80-0305983 | C362 Southern Delaware Chapter | Kathy Marks | 404 Village Center Blvd | Milton | DE | 19968-1377 | 0 | 0 | 0 |
| 81-0507295 | C312 Western Montana Onc Nurses | Suzanne Martin | 213 Pine Ridge Rd | Florence | MT | 59833-6914 | 0 | 0 | 0 |
| 82-0458394 | C290 Onc Nurses of Southern Idaho | Sharon Nefzger | 5504 N Crimson Way | Boise | ID | 83703-2839 | 0 | 0 | 0 |
| 84-0890877 | C124 Metro Denver | Teresa Trabert | 23535 E Platte Dr Unit A | Aurora | CO | 80016-4230 | 0 | 0 | 0 |
| 84-1149985 | C245 Pikes Peak/Southeast Colorado | Marguerite Thomas | 2222 N Nevada Ave | Colorado Springs | CO | 80907-6819 | 0 | 0 | 0 |
| 84-1477941 | C321 High Plains Oncology Professionals | Tracy Sanchez | 5151 W 29th St Unit 307 | Greeley | CO | 80634-8727 | 0 | 0 | 0 |
| 86-0518371 | C161 Southern Arizona | Setiva Devitt | 34463 S Corral Dr | Red Rock | AZ | 85145-6033 | 0 | 0 | 0 |
| 86-0831194 | C305 Grand Canyon (AZ) | Betty Ware | 2139 S Tombaugh Way | Flagstaff | AZ | 86001-7165 | 0 | 0 | 0 |
| 87-0457665 | C213 Intermountain (Utah) | Joan Collett | 849 S 150 W | Lehi | UT | 84043-3147 | 0 | 0 | 0 |
| 90-0450928 | C338 California South Valley | Richard Pechon | 2633 E Feemster Ave | Visalia | CA | 93292-5653 | 0 | 0 | 0 |
| 90-0634241 | C371 Napa Valley | Ulla Philbin | 2 Lighthouse Ct | Napa | CA | 94559-4814 | 0 | 0 | 0 |

| TIN | Chapter ID and Name | President | Street1 | City | STATE | ZIP | Reportable Comp | Reportable Comp from related Organizations | Estimated Other Comp |
|---|---|---|---|---|---|---|---|---|---|
| 91-1541551 | C260 Inland Northwest (ID/WA) | Nancy Clough | 6567 N Snowberry St | Dalton Gardens | ID | 83815-7940 | 0 | 0 | 0 |
| 91-1601268 | C285 Columbia Basin (WA) | Christina Anderson-Zoric | 423 N Garfield St | Kennewick | WA | 99336-3529 | 0 | 0 | 0 |
| 91-1934020 | C307 Central Georgia | Jill Hancock | 203 Knights Brg | Warner Robins | GA | 31093-8569 | 0 | 0 | 0 |
| 91-1999124 | C316 Coastal North Carolina | Carol Belleau | 307 Cavendish Ct | New Bern | NC | 28560-8412 | 0 | 0 | 0 |
| 91-1999129 | C317 NH-Seacoast Oncology Nurses | Colette Horgan | 5 Winterberry Rd | Pelham | NH | 03076-3574 | 0 | 0 | 0 |
| 91-2148926 | C357 Golden Empire Onc Nurses (CA) | Lourdes Estrada | 1405 Suffield Ln | Bakersfield | CA | 93312-4682 | 0 | 0 | 0 |
| 92-0173128 | C333 Denali Oncology Nursing Society (AK) | Joseph Peacott | 2201 E 52nd Ave Unit 3 | Anchorage | AK | 99507-5408 | 0 | 0 | 0 |
| 94-3207691 | C286 California East Bay | Nancee Hirano | 1271 Washington Ave # 332 | San Leandro | CA | 94577-3646 | 0 | 0 | 0 |

Oncology Nursing Society Group Return

EIN – 25-1449036

On or before August 15, 2014, we submitted an additional three month extension request, see attached, which was approved by the IRS. Unfortunately, we have misplaced the approval letter and do not have it to attach to the tax return. We are hopeful the IRS has a record of the approval and a late filing penalty will not be assessed.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ► [X]

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

## Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

**Enter filer's identifying number, see instructions**

**Type or print**

File by the extended due date for filing your return See instructions

| Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
|---|---|
| ONCOLOGY NURSING SOCIETY - GROUP | 25-1449036 |
| **Number, street, and room or suite number If a P O box, see instructions** | **Social security number (SSN)** |
| 125 ENTERPRISE DRIVE | |
| **City, town or post office, state, and ZIP code For a foreign address, see instructions** | |
| PITTSBURGH PA 15275 | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► Jeffrey G. DeWalt
  Telephone No ► (412) 859-6100 Fax No ► (412) 859-6163
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . 3187 If this is for the whole group, check this box . . ► [X] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 17, 20 14

5 For calendar year 2013, or other tax year beginning _____, 20 __, and ending _____, 20 __

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension . . . Additional time is needed to gather the information frm some of the subordinate organizations, in order to prepare a complete and accurate tax return.

| | | |
|---|---|---|
| **8a** If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . | **8a** | $ 0. |
| **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . | **8b** | $ 0. |
| **c Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . | **8c** | $ 0. |

## Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► J. G. DeWalt Title ► CFO Date ► 08/08/14