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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

332001 10-29-13

▶ 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

A	or th	e 2013 calendar year, or tax year beginning and end		gottionnood	inspection .
	heck if	C Name of organization	<u>g</u>	D. Employer identify	nation number
	pplicab	le Name of organization	1	D Employer identific	cadon number
_]Addre	SS MEYAC COCIEMY OF CLINICAL ONGOLOGY	i		
	_Jchane Name			T.4. 0	450160
	_]chang ∏Initial	Doing Business As			452162
느	returr	, ,	om/suite	E Telephone number	
	Termi	C/O ACCC 11000 NEBEL STREET 20)1	301-	<u>984-9496 </u>
L	_Amen	City or town, state or province, country, and ZIP or foreign postal code	Į	G Gross receipts \$	228,411.
	Appli	RUCKVILLE, MD 20052-255/		H(a) Is this a group re	eturn
	pend	F Name and address of principal officer GLADYS RODRIGUEZ		for subordinates	[?]
		SAME AS C ABOVE		H(b) Are all subordinates in	
1 7	ax-ex	empt status \bigcirc 501(c)(3) \bigcirc 501(c) (6) \triangleleft (insert no) \bigcirc 4947(a)(1) or \bigcirc	527		list (see instructions)
		te: WWW.TXSCO.COM		H(c) Group exemption	
			I Year o		State of legal domicile: TX
	ırt I	Summary	<u> L Tour o</u>	riormation. 1900 IV	Totate of legal domicile. 121
	1	Briefly describe the organization's mission or most significant activities SEE PA	Dm T	II, LINE 1	
Governance	'	briefly describe the organization's mission of most significant activities <u>SEE FAI</u>	MI I.	TT' DING T	
Jar		Charl this has N			
/eri	2	Check this box If the organization discontinued its operations or disposed	of more	1 1	
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
les	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		6	11
A ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990 horal line 34-11 / F		7ь	0.
		NECEIVED		Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		136,000.	156,000.
5	9	Program service revenue (Part VIII, line 1h) JUN 2 3 2014		62,725.	71,985.
Revenue	10	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3 4 and 7d)		555.	426.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 12e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Rarta/III) column (A), line (12)		199,280.	228,411.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	7,000.	14,250.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		65,657.	0.
Expenses			-	03,037.	
en		Professional fundraising fees (Part IX, column (A), line 11e)		U•	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25)	<u>'•</u>	04 101	155 555
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	94,101.	155,555.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	166,758.	169,805.
	19	Revenue less expenses Subtract line 18 from line 12		32,522.	58,606.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
sset		Total assets (Part X, line 16)	<u> </u>	390,817.	<u>463,180.</u>
nd A		Total liabilities (Part X, line 26)		10,492.	24,249.
		Net assets or fund balances Subtract line 21 from line 20		380,325.	438,931.
Pa	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	nd stateme	nts, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Degaration of preparer (other than officer) is based on all information of which p	preparer h	nas any knowledge.	
		Jan		6-12-	14
Sigr	1	Signature of officer		Date	
Her		■ GARY GROSS, PREASURER			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	nte Check	PTIN
Paid		The tholored How the	5	11.1111 1 -	─ ₽ 01329488
Prep		Firm's name GELMAN, ROSENBERG & FREEDMAN			<u> </u>
Use				Firm's EIN	52-1392008
USE	UIIIY	Firm's address 4550 MONTGOMERY AVE SUITE 650N		, , , ,	31 \ 051 0000
		BETHESDA, MD 20814-2930		Phone no. (3 (01) 951-9090
May	tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO PROVIDE ADVOCACY FOR CANCER PATIENTS AND TO PROMOTE STANDARDS OF
	HIGH-QUALITY CANCER CARE IN TEXAS.
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
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes
3	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 are required to report the amount of grants and allocations to others, the total expenses, at
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$
	THE FRIMARI ACCOMPLISHMENTS OF THE SOCIETY WERE:
	1. IMPROVED THE QUALITY OF ONCOLOGY CARE AVAILABLE TO THE PEOPLE OF
	TEXAS.
	2. MAINTAINED AND ADVANCED THE STANDARDS OF CANCER CARE.
	3. SUPPORTED ONCOLOGY EDUCATION.
	4. FACILITATED THE DEVELOPMENT AND USE OF NEW CANCER MANAGEMENT TECHNIQUES FOR THE COMMUNITY.
	5. PROVIDED EFFECTIVE REPRESENTATION OF THE ONCOLOGY FIELD FOR ITS
	MEMBERS AND THE PUBLIC.
	6. FOSTERED EFFECTIVE COMMUNICATION ENHANCING ACCESS TO SCIENTIFIC,
	SOCIOECONOMICS, RESEARCH AND OTHER RELEVANT DATA.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
70	(Code) (Expenses 5) (Revenue 5)
4d	Other program services (Describe in Schedule O) (Eveness \$
4d 4e	(Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ Form 99
4d 4e 332000 10-29-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ Form 99

Form 990 (2013) TEXAS 'SOCIETY OF CLINICAL ONCOLOGY

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?	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		NT /	7.
_	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	Α
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	х	
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
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			
а	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		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		_ <u>X</u> _
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			37
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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	46		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.,		_41
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2013)

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Form 990 (2013) TEXAS SOCIETY OF CLINICAL ONCOLOGY 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 organization 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	<u>X</u>	
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		<u> X</u>
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	ļ		
	Schedule K If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	N/	A.
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	i		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		3.T /	_
	Schedule L, Part I	25b	N/	A
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,			v
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
27	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		<u> </u>
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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
D	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	امدا		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00	If "Yes," complete Schedule R, Part V, line 2	36	N/	Δ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	74/	
··	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2013
			,	

Par	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			
b	Enter the number of Forms W 2G included in line 1a Enter 0 if not applicable 1b 0			1
С	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			ĺ
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)			l
За	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			l
	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			l
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		<u> </u>
	Organizations that may receive deductible contributions under section 170(c). N/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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	.		
	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	·	ł
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		l
	Sponsoring organizations maintaining donor advised funds.		·	
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		L
10	Section 501(c)(7) organizations. Enter	.		l
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			l
11	Section 501(c)(12) organizations. Enter			l
	Gross income from members or shareholders N/A 11a	,]		l
	Gross income from other sources (Do not net amounts due or paid to other sources against			Į
	amounts due or received from them)	.]	- 1	l
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			į
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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 Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	1/10		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
	n no promotan experience o		990	(2012

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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
Sec	tion 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 1a 11			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11		İ	
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			
	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			
а	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_
Sec	tion 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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u>	
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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın 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?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or 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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	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 of the person who possesses the books and records of the organization.	tion 🕨	·	
	<u>LI YU - 301-984-9496</u>			
	11600 NEBEL STREET, SUITE 201, ROCKVILLE, MD 20852-2557			

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

- 1a 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 report able 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

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

• 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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per	box	do not check more than one ox, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GLADYS RODRIGUEZ	1.00	•		.				0.	0	0
PRESIDENT	1.00	X	-	Х	 			U •	0.	0.
(2) RAY PAGE	1.00	х		х				0.	0.	0.
PRESIDENT-ELECT	1.00	Λ		^		 				<u> </u>
(3) WILLIAM JORDAN	1.00	х		X				0.	0.	0.
IMMEDIATE PAST-PRESIDENT	1.00	Λ		Λ				0.	0.	- 0.
(4) LUIS CAMACHO	1.00	х	İ	х		ŀ		0.	0.	_ 0.
SECRETARY (5) GARY GROSS	1.00		<u> </u>							
TREASURER		х		х				0.	0.	0.
(6) JOHN COX	1.00									
DIRECTOR-AT-LARGE		x						0.	0.	0.
(7) LUIS CAMPOS	1.00									<u> </u>
DIRECTOR-AT-LARGE		\mathbf{x}						0.	0.	0.
(8) CESAR J. TULA	1.00							"-		
DIRECTOR-AT-LARGE		X				<u> </u>		0.	0.	0.
(9) LUCAS WONG	1.00									
DIRECTOR-AT-LARGE		X						0.	0.	0.
(10) JOSEPH BAILES	1.00				Ì					
DIRECTOR-AT-LARGE		X				ļ		0.	0.	0.
(11) R. STEVEN PAULSON	1.00							_		
DIRECTOR-AT-LARGE		X			ļ		-	0.	0.	0.
									1	
	 .	<u> </u>		-	<u> </u>	-				
	-	l								
		-	-	_	-					
	_	-			-					
	-] ']							
		<u> </u>								
		;								
										Form 990 (2012)

(A)

(D)

(B)

		-			
	74-2	<u>452</u>	<u> 162</u>	P	age 8
6	es (continued) (E) Reportable compensation from related organization (W-2/1099-MI	on d ns	com fi org an	(F) stimate mount other npensarom th janizate d relat	of ation e ion ed
		0			
•		0.		•	0. 0. 0.
00	,000 of reportab	_ 0 .			0.
_	,000 01 100011410				0
eı	mployee on		3	Yes	No X
n i	the organization		4		х
IVI	dual for services	5	5		X
	\$100,000 of cor	npens	ation i	from	
	ervices	С		C) nsatio	n

	Name and title	Average hours per week	box,	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		an	timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensa om th anizat d relat anizati	e ion ied
											\dashv			
											+			
							-				\dashv			
											ŀ			
							<u> </u>				-+			
											\top			
											\perp			
	Sub-total							>	0.		0. 0.		,	<u>0.</u>
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
	Total number of individuals (including but r	not limited to th	ose	liste	ed al	oove	e) wh	no re	1					
	compensation from the organization													0
2	Did the exampleation list any fewers officer	director or tri	otor	. ko	on	مامم		0.1	highest compensated o	mplovoo op	Г		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		15166	e, Ke	y ei	пріс	уее,	011	nighest compensated e	mployee on		3		Х
4	For any individual listed on line 1a, is the se	um of reportabl	e co	mp	ensa	tior	and	oth	ner compensation from	the organization				
	and related organizations greater than \$15			•							-	4		_X_
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	-				•		elate	ed organization or indiv	dual for services		5		х
Sec	etion B. Independent Contractors	ipietė Scrieduit	5	UI SI	JCII j	Ders	5011					5		Λ
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensa	ition f	rom	
	the organization Report compensation for	the calendar y	ear e	endi	ng w	/ith	or w	ıthın		/ear				
	(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	Cc	O) egamo	;) nsatio	n
			11(<i>)</i>					·			•		
			:											
								_	· · · · · · · · · · · · · · · · · · ·					
								\dashv						
2	Total number of independent contractors (including but n	ot lır	nıte	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation					0							
											F	orm '	990 /	2013\

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
		Check if Gonedate & Com	tamo a response	or note to any in	(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	b c d e f	Fundraising events Related organizations Government grants (contributed) All other contributions, gifts, grants similar amounts not included about	nts, and ove 1f	156,000.				
Son	_	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-1f \$		156,000.			
<u> </u>		Total, Add lines Tarti		Business Code	130,000.		.	
Program Service Revenue	b c			900099	45,010. 26,975.	45,010. 26,975.		
gra Re	d							
P.	e 4							
	f	Total. Add lines 2a-2f	snue	•	71,985.			-
	3	Investment income (including	dividends, intere	-	, 175031		<u>-</u>	
		other similar amounts)	,	>	426.			426.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents						
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	D	Less cost or other basis and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)						
une		Gross income from fundraisin including \$	g events (not of					
Other Revenu		contributions reported on line Part IV, line 18	1c) See					
ŧ l		Less direct expenses	b	L				
		Net income or (loss) from fund	•	—				
	9 a	Gross income from gaming ad						
	h	Part IV, line 19 Less direct expenses	a					
		Net income or (loss) from gan	b activities	L				
}		Gross sales of inventory, less						
		and allowances	а					
	b	Less cost of goods sold	b					-
		Net income or (loss) from sale		•				
		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b							
ļ	С							
		All other revenue						
		Total. Add lines 11a-11d		>	000 111			
33200	12	Total revenue See instructions		•	228,411.	71,985.	0.	426.
10-29-	13							Form 990 (2013)

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must c	omplete column (A)	
	Check if Schedule O contains a respor		this Part IX		
	not include amounts reported on lines 6b, 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	5,250.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	9,000.			
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			, <u></u>	
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)	E0 001			
a	Management	50,891.		_	
b	Legal	1,125.			
C C	Accounting Lobbying	45,383.			
d	Professional fundraising services. See Part IV, line 17	43,303.			
f	Investment management fees				
q	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			_	
13	Office expenses	1,335.			
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	52,680.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	665.			
23	Other expenses Itemize expenses not covered	003.	, .		
24	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 0)				
а	DUES	1,575.			
	MEMBERSHIP	1,573.	17 ·	_	
	MISCELLANEOUS	328.		-	
d			· •		
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	169,805.			
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				

Form 990 (2013)

Part X Balance Sheet

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
	1	Cash - non-interest bearing	200 015	1	162 100
	2	Savings and temporary cash investments	390,817.	2	463,180
	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	ır		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ន		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
1	l0a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
1	11	Investments - publicly traded securities		11	
1	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	390,817.	16	463,180
1	17	Accounts payable and accrued expenses	392.	17	149
1	18	Grants payable		18	
1	19	Deferred revenue	10,100.	19	24,100
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဂ္ဂ 2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
<u>a</u>		Complete Part II of Schedule L		22	
- 2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third		1 1	
ļ		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	10,492.	26	24,249
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	1		
es		complete lines 27 through 29, and lines 33 and 34.			
ဋ 2	27	Unrestricted net assets	380,325.	27	438,931
ğ 2	28	Temporarily restricted net assets		28	
g 2	29	Permanently restricted net assets		29	
∄		Organizations that do not follow SFAS 117 (ASC 958), check here	j		
Net Assets or Fund Balances		and complete lines 30 through 34.			
ets 3	30	Capital stock or trust principal, or current funds		30	
S 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ਜੂ 3	32	Retained earnings, endowment, accumulated income, or other funds		32	
z 3	33	Total net assets or fund balances	380,325.	33	438,931
<u> </u>	34	Total liabilities and net assets/fund balances	390,817.	34	<u>463,180</u>

Form **990** (2013)

1	·				
	990 (2013) TEXAS SOCIETY OF CLINICAL ONCOLOGY	<u>74-</u>	<u>2452162</u>	Pag	ge 12
Pa	rt 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			<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>05.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	380),3	25.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	438	3,9	31.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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 separa	te basis,	1 1		
	consolidated basis, or both			ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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 Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	ıt		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audı	t [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2013)

SCHEDULE C (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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-B

=		tions Complete Part III	xy (ax) or Form 990-2	Z, Fait V, line 350 (Froxy	rax), trien
Name of organization	1			Em	ployer identification number
	TEXAS S	OCIETY OF CLINIC	CAL ONCOLOGY	·	74-2452162
Part I-A Com	plete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
 Provide a descr Political expend 		zation's direct and indirect polit	ical campaign activities	ın Part IV ▶	\$
3 Volunteer hours					
			<u></u>		
		ganization is exempt un		(3).	
1 Enter the amour	nt of any excise tax	incurred by the organization ur	nder section 4955		\$
2 Enter the amour	nt of any excise tax	incurred by organization manage	gers under section 495	5 ▶	\$
3 If the organization	on incurred a section	in 4955 tax, did it file Form 4726	0 for this year?		Yes No
4a Was a correctio	n made?				Yes No
b If "Yes," describ	e in Part IV		-l		() (0)
		ganization is exempt un			
		d by the filing organization for s	•		\$
		ization's funds contributed to c	other organizations for s		
exempt function				•	\$
•	nction expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	·	
line 17b				>	\$
		1120-POL for this year?			Yes No
		nployer identification number (E			
• •	•	tion listed, enter the amount pa			•
		omptly and directly delivered to		•	rate segregated fund or a
 		additional space is needed, pro			
(a) Na	ame	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received and
For Paperwork Red	ection Act Notice	see the Instructions for Form	990 or 990-F7	Sahadula /	C (Form 900 or 900 EZ) 2012

LHA

332041 11-08-13

Schedule C (Form 990 or 990 EZ) 2013 Part II-A Complete if the org	TEXAS SOCIE	TY OF CLINI	CAL ONCOLOG	$\frac{Y}{2} = \frac{74 - 2}{2}$	2452162 Page 2
(election under sec		inpt under section	ii oo i(c)(o) and iii	eu i oiii 5706	
		liated group (and list ii	n Part IV each affiliated	group member's nar	me, address, EIN,
	e of excess lobbying			5 1	, ,
. —	, •	nd "limited control" pre	ovisions apply		
Limit	s on Lobbying Expe	ndıtures		(a) Filing organization's	(b) Affiliated group totals
(The term rexpend	mures means amou	ınts paıd or incurred.) 	totals	
1a Total lobbying expenditures to influ	ience public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	ience a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	•	•			<u> </u>
f Lobbying nontaxable amount Ente	er the amount from the	e following table in bot	h columns		
If the amount on line 1e, column (a) o	r (b) is The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c If zero	or less, enter -0-				<u> </u>
j If there is an amount other than zei	o on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	ations that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
·	·	nditures During 4-Yea		3	
	Lobbying Exper	lartares Darring + Ter	Averaging renod	·····	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots pontovable amount					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
(15070 01 mile 2d, colditii (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 TEXAS SOCIETY OF CLINICAL ONCOLOGY 74-245216 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)).

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	_			b)
local legislation, including any attempt to influence public opinion on a legislative matter	Yes	No	Am	ount
 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?	<u> </u>			
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? Other activities?				
Total Add lines 1c through 1i				
2a 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?		<u> </u>		
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)	(5), or se	ction	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	-	Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	X	1
			ction	ne 3. is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."		R (b) Parl	ction t III-A, li	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ed "No," O		ction t III-A, li	
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SCHEDULE ! (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.

OMB No 1545-0047	2013

Open to Public

Inspection

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

Name of the organization TEXAS SOCIETY OF CLINICAL	IETY OF C		ONCOLOGY				Employer identification number 74-2452162
General Information on Grants and Assistance	nd Assistance						
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	o substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as:	sistance, and the select	; [
Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant	of grant funds in the United States	d States			Yes A No
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 displicated if additional space is peopled.	Sovernments and	d Organizations in th	ie United States. C	Complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	NE (a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							-
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government org listed in the line 1	ganizations listed in the table	ne line 1 table				
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruct	ons for Form 990.					Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance 74-2452162 (e) Method of valuation (book, FMV, appraisal, other) 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 EXPLANATION: THE ORGANIZATION PROVIDED STIPENDS IN THE FORM OF CASH AWARDS Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information TO INDIVIDUALS WHO PERFORMED RESEARCH AND PRESENTED THE FINDINGS (d) Amount of non-cash assistance Ö TEXAS SOCIETY OF CLINICAL ONCOLOGY 000 6 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) PART I, LINE 2: STIPENDS Part III

Schedule I (Form 990) (2013)

23

332102 10-29-13

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization Employer identification number

TEXAS SOCIETY OF CLINICAL ONCOLOGY 74-2452162 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 7. PROMOTED COLLEGIAL RELATIONSHIPS AMONG ONCOLOGISTS IN THE STATE OF TEXAS. FORM 990, PART VI, SECTION A, LINE 3: EXPLANATION: THE ORGANIZATION DELEGATED CONTROL OVER THE MANAGEMENT DUTIES TO (C) MANAGEMENT INC. PRIOR TO SIGNING THE AGREEMENT, AN INDEPENDENT COMPARISON OF THE MANAGEMENT FEE WAS CONDUCTED AND APPROVAL OF THE MANAGEMENT FIRM'S FEE WAS OBTAINED FROM ALL BOARD MEMBERS. THE DECISION TO SIGN THE AGREEMENT WAS DOCUMENTED IN THE ORGANIZATION'S BOARD MEETING MINUTES. THE TOTAL AMOUNT PAID TO (C) MANAGEMENT DURING 2013 WAS \$50,891. FORM 990, PART VI, SECTION A, LINE 4: EXPLANATION: THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION TO REFLECT A CHANGE IN THE ORGANIZATION'S NAME FROM TEXAS SOCIETY OF MEDICAL ONCOLOGY TO TEXAS SOCIETY OF CLINICAL ONCOLOGY. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE ORGANIZATION HAS GROUP AND INDIVIDUAL MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: THE ORGANIZATION HAS MEMBER THAT MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY. THE ELECTION OF OFFICERS OCCURS EVERY OTHER YEAR. FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: CHANGES TO BY-LAWS MUST BE APPROVED BY MEMBERSHIP.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211

Schedule O (Form 990 or 990-EZ) (2013)

13570429 745960 33364



Office of the Secretary of State

CERTIFICATE OF FILING **OF**

Texas Society of Clinical Oncology 105583401

[formerly: TEXAS SOCIETY OF MEDICAL ONCOLOGY, INC.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 12/15/2010

Phone: (512) 463-5555

Effective: 12/15/2010



Hope Andrade Secretary of State

Prepared by: Michelle Ledesma TID: 10303 Dial: 7-1-1 for Relay Services Document: 345775830004 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

December 16, 2010

Attn: William Jordan
ASSOC OF COMMUNITY CANCER CTRS
11600 Nebel Street, Ste 201
Rockville, MD 20852 USA

RE: Texas Society of Clinical Oncology

File Number: 105583401

It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10323 Document: 345775830004 Form 424 (Revised 12/09)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



Certificate of Amendment

This space reserved for office use.

In the Office of the Secretary of State of Texas

DEC 15 2010

Corporations Section

Entity Information

The name of the filing entity is: Texas Society of Medical	Oncology
State the name of the entity as currently shown of the entity, state the old name and not the new	in the records of the secretary of state. If the amendment changes the name r name.
The filing entity is a: (Select the appropriate e	entity type below.)
☐ For-profit Corporation	☐ Professional Corporation
XX Nonprofit Corporation	Professional Limited Liability Company
Cooperative Association	Professional Association
Limited Liability Company	☐ Limited Partnership
The file number issued to the filing enti The date of formation of the entity is:	ty by the secretary of state is: 01055834 February 16, 1988
	Amendments
(If the purpose of the certificate of amer	1. Amended Name adment is to change the name of the entity, use the following statement)
The amendment changes the certificate filing entity. The article or provision is	of formation to change the article or provision that names the amended to read as follows:
The name of the filing entity is: (state the	ne new name of the entity below)
Texas Society of Clinic	al Oncology

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Form 424

	gistered Agent	omplete C)
(Complete either A or A. The registered agent is an organization		_
OR B. The registered agent is an individual re	sident of the state v	whose name is:
First Name M.I	Last Name	Suffix
The person executing this instrument affirms has consented to serve as registered agent.	that the person de	signated as the new registered agent
C. The business address of the registered agen	it and the registered	l office address is:
		TX
Street Address (No P.O Bax)	City	State Zip Code
3. Other Added, Al	Itered, or Deleted	Provisions
Other changes or additions to the certificate of formation is insufficient, incorporate the additional text by provid form for further information on format.	n may be made in the sing an attachment to the	space provided below. If the space provided his form. Please read the instructions to this
Text Area (The attached addendum, if any, is incorporated herei	in by reference.)	
Add each of the following provisions to the reference of the added provision and the full te		nation. The identification or
		The identification
Alter each of the following provisions of the reference of the altered provision and the full to		
Delete each of the provisions identified bel	ow from the certifi	cate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424

Effectiveness of Filing (Select either A, B, or C.)

A.XX This document becomes effective when the document is filed by the secretary of state.
B. This document becomes effective at a later date, which is not more than ninety (90) days from
the date of signing. The delayed effective date is:
C. This document takes effect upon the occurrence of a future event or fact, other than the
passage of time. The 90 th day after the date of signing is:
The following event or fact will cause the document to take effect in the manner described below:
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.
Date: 11-11-10
Signature of authorized person
William Jordan Printed or typed name of authorized person (see instructions)

TEXAS SOCIETY OF CLINICAL ONCOLOGY

BYLAWS

Adopted by the Society Membership — November 16, 1996
Amended by Vote of the Society Membership — September 1, 1999
Amended by Vote of the Society Membership — April 2005
Amended by Vote of the Society Board of Directors — September 2010
Amended by Vote of the Society Board of Directors — July 2011

TEXAS SOCIETY OF CLINICAL ONCOLOGY BYLAWS

ARTICLE I: Name

The name of this organization shall be the Texas Society of Clinical Oncology ("Society" or "TxSCO").

ARTICLE II: Purpose

The purposes of the Texas Society of Clinical Oncology are

- (1) To improve the quality of oncology care available to the people of Texas:
- (2) To maintain and advance the standards of cancer care;
- (3) To support oncology education;
- (4) To facilitate the development and use of new cancer management techniques in the community;
- (5) To provide effective representation of the oncology field for its members and the public;
- (6) To foster effective communication enhancing access to scientific, socioeconomic, research, and other relevant data; and
- (7) To promote collegial relationships among oncologists in the State of Texas.

ARTICLE III: Membership

Section 1. Qualifications. All individuals in good moral and professional standing who are engaged in or interested in the care of cancer patients and hematological disorders and who support the purposes of the Society shall be eligible for membership in the Society. Membership shall be open to those individuals who practice in Texas or adjacent States.

Section 2. Categories of Membership. There shall be seven (7) categories of membership. The Board is authorized to create additional membership categories with specific requirements, rights, and privileges as shall be set by the Board from time to time.

Regular Membership: Regular membership shall be open to all eligible physicians who are engaged in or interested in oncology or hematology past or present, who are licensed by the Board of Medical Examiners in Texas, are certified or eligible for certification by the appropriate approved national certifying body, and practice in the State of Texas or adjacent states. Regular Members shall be eligible to vote, hold elective office, attend Society business meetings, and receive all Society mailings. Regular Members shall pay all dues as established by the Board of Directors.

Associate Membership: Associate membership shall be open to allied health professionals involved in the care and treatment of persons with hematologic and

oncologic disorders including nurse practitioners, and physician assistants. Associate members shall be allowed to vote and hold no more than one (1) at-large seat on the Corporation's Board of Directors, and required to pay nominal dues. They shall be allowed to attend meetings and serve on committees.

Affiliate Membership: Affiliate membership shall be open to allied health professionals who have a demonstrated interest and involvement in the care of patients with hematologic and oncologic disorders including pharmacists, radiation therapists, registered nurses, cancer registrars, cancer research personnel, managers, business staff, social workers, or other health care professional as approved by the Board. Affiliate members are allowed to attend meetings and serve on committees at the request of the committee chair, but they shall not be allowed to vote, hold office, or required to pay dues.

Fellow Membership: Fellow membership shall be open to healthcare professionals who are participating in an approved oncology or hematology subspecialty training program. They shall not be allowed to vote or hold office until they become a Regular member nor shall they be required to pay dues as long as they are engaged in their Fellowship experience. They shall be allowed to attend meetings and serve on committees. Their application will require an attached reference letter from the training program director and be sponsored by a physician member of the Society.

Retired Membership: Retired membership is open to those physicians who are no longer in the practice of oncology or hematology in the state of Texas, but who fulfill all other requirements of Regular membership. Retired Members shall not be allowed to vote, hold elective office, or pay dues. They may serve on committees.

Honorary Membership: This special membership category will be open to those physicians who are nominated by the Board of Directors and so honored by a vote of 51% of the membership at any meeting. Honorary Members shall have all the rights of Regular Members. Honorary Members shall not be required to pay dues.

Corresponding Membership: Corresponding membership is open to oncologists who reside outside the state of Texas. Corresponding Members may attend Society meetings and receive all Society mailings, but may not vote nor hold office in the Society. They will pay dues, at a rate to be determined by the Board of Directors.

Section 3. Election to Membership. Each candidate for membership shall be required to submit an application to the Society for approval. Candidates will be approved for membership using criteria and procedures established from time to time by the Board of Directors.

ARTICLE IV: Officers

Section 1. Officers. The officers of the Society shall be the President, President-Elect, Secretary, Treasurer and, after the first year, the Immediate Past President.

Section 2. Election and Term of Office. All officers shall be elected by the Board of Directors and shall serve until their successors are elected. Any two or more offices may be held by the same person, provided that the Corporation shall have not fewer than two persons as officers. All officers shall be subject to removal at any time by the Board of Directors whenever in the judgment of the Board of Directors the best interests of the Corporation will be served thereby. The Board of Directors may, in it discretion, elect acting or temporary officers, elect officers to fill vacancies occurring for any reason whatsoever, and limit or enlarge the duties and powers of any officer elected by it. Officers need not be directors of the Corporation.

Section 3. Duties of Officers. The officers shall perform the duties prescribed by these Bylaws and by the parliamentary authority adopted by the Society.

President: The President shall preside at all meetings of the Society, shall call meetings of the Board of Directors as may be necessary to transact the business of the Society, appoint all standing committees and ad hoc committees, fill vacancies as necessary, coordinate the activities of the Society, and perform such other duties as are customary for a presiding officer.

President-Elect: The President-Elect shall assist the President in the performance of his duties, preside at meetings in the absence of the President, perform duties assigned to him by the President, and shall automatically assume the office of the President at the expiration of his term. In the event of the death or removal of the President, the President-Elect shall assume the office of the President. If the President-Elect is unable to assume the Presidency, the Nominating Committee shall choose a replacement.

Secretary: The Secretary shall be responsible for maintaining the Society records for all meetings, shall be the custodian of such records, and shall sign and attest on all necessary papers required by law.

Treasurer: The Treasurer of the Society shall be the custodian of all monies, securities, deeds, and properties for the Society, shall hold same, subject to the direction and disposition of the Board of Directors, and shall make a full financial report to the members annually.

ARTICLE V: Board of Directors

Section 1. Number and Qualification of Directors. The initial number of directors of the Corporation shall be as set forth in the Articles of Incorporation. The number of directors may be increased or decreased from time to time by amendment to these Bylaws. The number of directors of the Corporation shall not be less than three. The Board of Directors shall be composed of the Officers of the Society and six directors elected at-large at the

annual meeting or by mail or facsimile.

Section 2. Duties. The Board of Directors of the Society shall determine policy, manage finances, and generally direct the affairs of the Society.

Section 3. Terms and Tenure of At-Large Members. The term of office for each director shall be two years, or until their successors are elected. Term of office begins and ends with the annual meeting of the Society. The Board of Directors shall be elected at the annual meeting or by mail ballot or facsimile transmission. They shall be elected by a majority of those voting.

Section 4. Meetings. At least one meeting of the Board of Directors shall be held in conjunction with the annual meeting of the Society.

Section 5. Vacancies. Vacancies in any office shall be filled in the interim by appointment of the President of the Society with the approval of the Board of Directors.

Section 6. Attendance Requirement. Board members whose unexcused absences exceed three consecutive (3) board meetings in any one (1) year period may be subject to removal from the Board.

Section 7. Quorum (Board Meeting). Three (3) members of the Board, one of whom shall be the President or President-Elect, shall constitute a quorum for the transaction of business at any meeting of the Board.

ARTICLE VI: Committees

Section 1. In General. The Board of Directors may designate one (1) or more standing or advisory committees whose members shall serve at the request of the Board of Directors. All committees shall report their findings and recommendations to the Board of Directors.

ARTICLE VII: Meetings

The annual meeting of the Society can be held in conjunction with another state, national or international meeting. Special meetings will be called by the President.

ARTICLE VII: Fiscal Year

The fiscal year of the Society will extend from January 1 through December 31.

ARTICLE IX: Amendments

These Bylaws may be amended by a two-thirds (2/3) vote of the Board of Directors. Notice of any proposed amendments shall be given in the notice of any meeting at which it is to be considered.