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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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending ,

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final 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 $ 2,445,304.

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? [X] Yes [ ] No

H(b) Are all subordinates included? [X] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c) (6) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ► 3187

K Form of organization: [X] 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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	
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	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	249,555.	356,439.
9	Program service revenue (Part VIII, line 2g)	1,337,065.	1,503,528.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,580.	1,984.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256,229.	445,068.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,845,429.	2,307,019.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	333,106.	336,067.
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)	1,360,469.	1,488,358.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,693,575.	1,824,425.
19	Revenue less expenses Subtract line 18 from line 12	151,854.	482,594.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,209,575.	3,599,095.
21	Total liabilities (Part X, line 26)	0.	
22	Net assets or fund balances. Subtract line 21 from line 20	3,209,575.	3,599,095.

SCANNED SEP 15 2015

RECEIVED AUG 25 2015 IRS-OSC 24 OGDEN, UT

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: 8/17/15

► Jeffrey G. DeWalt
Type or print name and title

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 [X] No

913 21

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 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 organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 'Yes', 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, Part II, III, or IV, and Part 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		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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 . . . . . 1a 9 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 9			
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:			
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 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		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

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 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 organiza - tions 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	324,267.			
	c Fundraising events	1c				
	d Related organizations	1d	18,182.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,990.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		356,439.			
Program Service Revenue		Business Code				
	2a CE PROGRAM FEES	900099	389,658.	389,658.	0.	0.
	b EXHIBIT FEES	900099	990,854.	990,854.	0.	0.
	c Sponsorships	900099	123,016.	0.	0.	123,016.
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,503,528.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		1,984.	0.	0.	1,984.
	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	271,356.				
	b Less: direct expenses b	138,285.				
	c Net income or (loss) from fundraising events		133,071.		0.	133,071.
	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	311,997.	311,997.	0.	0.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		311,997.			
	12 Total revenue. See instructions		2,307,019.	1,692,509.	0.	258,071.

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 domestic organizations and domestic governments. See Part IV, line 21	38,837.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	297,230.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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)	159,625.			
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	717,962.			
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	412,439.			
b Camp Expenses	0.			
c Charter Renewal Fees	104,876.			
d Misc support	7,544.			
e All other expenses	85,912.			
25 Total functional expenses. Add lines 1 through 24e	1,824,425.			
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	3,209,575.	2	3,599,095.
	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)	3,209,575.	16	3,599,095.
Liabilities	17	Accounts payable and accrued expenses	0.	17	
	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	3,209,575.	32	3,599,095.
	33	Total net assets or fund balances	3,209,575.	33	3,599,095.
	34	Total liabilities and net assets/fund balances	3,209,575.	34	3,599,095.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,307,019.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,824,425.
3	Revenue less expenses. Subtract line 2 from line 1	3	482,594.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,209,575.
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	-2,766.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,689,403.

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

OMB No 1545-0047

2014

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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), 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) 2011	(b) 2012	(c) 2013	(d) 2014	(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			
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?			

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

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.

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

OMB No 1545-0047

2014

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	271,356.			271,356.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	271,356.			271,356.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	138,285.			138,285.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				138,285.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				133,071.

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 conducts gaming activities: _____

a Is the organization licensed to conduct 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 conducted 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 IV **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

2014

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 Domestic Organizations and Domestic Governments. 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		38,837.				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 Domestic Individuals.** 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	297,230.			
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.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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.*	2014 Open to Public Inspection

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

Pt VI, Line 6	Each chapter in the group return have members. Each member pays $10 annually to be a member of the chapter. Chapter members vote to elect the board of directors for each chapter.
Pt VI, Line 7a	Each chapter is independent from the others.
Pt VI, Line 11b	Chapters are not provided a copy of the group Form 990 because they would have no way to pull thier information out of the group information.
Pt XI	Net decrease due to chapters leaving the group.

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

OMB No. 1545-0047

2014

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 125 Enterprise DRive Pittsburgh, PA 15275 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) 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)												

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) 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	18,182.	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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

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

EIN	Chapter Co	Chapter Name	President's Name	Street Address	City	State	Zip	Reportable Comp.	Reportable comp from related organizations	Other Comp	
25-1449036		**Oncology Nursing Society - group return**		**125 Enterprise Drive**	**Pittsburgh**	**PA**	**15275-1214**				
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)	Karen Bouwman	50 Stonemount Ct	Sharpsburg	GA	30277-3222	0	0	0	
01-0935708	C366	Five Counties of Maine	Linda Quirion	304 Burrill Hill Rd	Norridgewock	ME	04957-3330	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)	Deborah Olsen	2214 Pilar Pl	The Villages	FL	32162-2483	0	0	0	
02-0782220	C360	Lakes' Region of Maine	Evelyn Taylor	93 Campus Ave Fl 4	Lewiston	ME	04240-6030	0	0	0	
03-0576202	C352	Lawrence KS Sunflower	Julie Tuley	923 E 1500 Rd	Lawrence	KS	66046-9266	0	0	0	
04-3135990	C258	Central Massachusetts	Patrica Holland Caprera	391 Sand Dam Rd	Thompson	CT	06277-1444	0	0	0	
04-3148740	C259	Merrimack Valley (MA)	Glenna Scannell	275 Varnum Avenue	Lowell	MA	01854-2141	0	0	0	
04-3367811	C315	Northern Vermont	Connie McMullen	52 Leonard Ave	Plattsburgh	NY	12901-2546	0	0	0	
06-1200438	C193	Southwestern Connecticut	Maureen Pelletier	35 Old Battery Rd	Bridgeport	CT	06605-3617	0	0	0	
06-1550914	C320	Mid-Hudson Valley	Renee Santiago	528 Beekman Rd	Hopewell Junction	NY	12533-6304	0	0	0	
13-3851208	C299	Verrazano (NY)	Linda Sirlin	79 Dover Grn	Staten Island	NY	10312-1705	0	0	0	
14-1681387	C166	New York Capital District	Kelly Simpson	530 Knickerbocker Rd	Schodack Landing	NY	12156-9703	0	0	0	
20-1723491	C363	Oregon Coastal Connections	Cherie Cox	63769 S Barview Rd	Coos Bay	OR	97420-8763	0	0	0	
20-3070607	C343	Tri State Onc Nurses (IL/IA/MO)	Susan Humphrey	1302 Royal Rd	Quincy	IL	62301-6169	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	Margaret Torres	4200 Stanley Dr	Powder Springs	GA	30127-2920	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	Bethany Sterling	1062 E Lancaster Ave, Apt 223	Bryn Mawr	PA	19010-1519	0	0	0	
23-2334832	C150	Greater Lehigh Valley	Christine Figler	701 Ostrum Street	Bethlehem	PA	18015-1000	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	Veronica Valenzano	1804 Bundy St	Scranton	PA	18508-1704	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	Mary Burgunder	144 Arla Dr	Pittsburgh	PA	15220-2633	0	0	0	
25-1611508	C267	Pennsylvania Capital Region	Rita Brinkman	500 Spring House Rd	Camp Hill	PA	17011-1454	0	0	0	
25-1638706	C234	South Central Pennsylvania	Lorene Shelow	202 Garber St	Hollidaysburg	PA	16648-1413	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	Tracy Warren	16 Still Glen Ct	Spring	TX	77381-2832	0	0	0	
27-4824565	C368	Northshore LA	Julie Nunez	208 Willow Cr	Mandeville	LA	70471-2553	0	0	0	
27-5094802	C367	Martin County Florida	Jennifer McBride	1393 NE Croton St	Jensen Beach	FL	34957-4875	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)	Minty Mihdawi	4170 Settlers Grove Rd	Cumming	GA	30028-3440	0	0	0	
33-0879705	C322	South Bay (CA)	Kavaljit Chanal	11860 Athene Dr	Cerritos	CA	90703-6844	0	0	0	
34-1325915	C102	Cleveland	Kathy Day	4905 Ridgebury Blvd	Lyndhurst	OH	44124-1128	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)	Susan Nemetz	198 Queens Rd	Athens	GA	30606-3130	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)	Cynthia Cramer	PO Box 353	Triby	FL	33593-0353	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)	Heather Laurent	84 Highland Rd	Inverness	IL	60067-4407	0	0	0	
36-3959376	C294	Central Illinois Two Rivers	Amy Krus	3306 N Elmcroft Terr	Peoria	IL	61604-1810	0	0	0	
38-2577565	C183	Greater Grand Rapids	Marykay Riippa	200 Jefferson Ave SE	Grand Rapids	MI	49503-4502	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	Rebecca Asper	1200 6th St Ste 100	Traverse City	MI	49684-2369	0	0	0
38-3174067	C297	Illiana (IL/IN)	Glenda Grant	3839 North 25th Street	Terre Haute	IN	47805-2936	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	Lisa Wright	900 E Grant St	Appleton	WI	54911-3412	0	0	0
41-1425460	C112	Metro Minnesota	Norma Hocking	5835 Minnetonka Dr	Excelsior	MN	55331-2945	0	0	0
42-1272854	C169	Eastern Iowa	Nancy McHone	7102 Hess Rd	Waterloo	IA	50701-9553	0	0	0
42-1448852	C304	Siouxland Regional (IA/NE)	Olga Alonzo	3116 S Nicollet St	Sioux City	IA	51106-4314	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	Stacey Brown	2409 Alpine Dr	Jackson	MO	63755-1154	0	0	0
45-0399189	C261	Missouri Valley (ND)	Linda Neff	623 N 18th St Apt 2	Bismarck	ND	58501-4308	0	0	0
45-4669504	C365	Mountain State	Margaret Wagnerowski	21746 Southern Charm Drive	Land O Lakes	FL	34637-7665	0	0	0
46-3946612	C370	North West New Jersey	Barbara Markt	15 Wood Rd	Morristown	NJ	07960-4819	0	0	0
47-0722974	C215	Central Nebraska	Chandra Muske	1110 N Burlington Ave	Hastings	NE	68901-3841	0	0	0
47-0870271	C339	Heart of the Ozarks (MO)	Debra McFarland	2022 S Saratoga Ave	Springfield	MO	65804-2752	0	0	0
47-3121025	C381	North Mississippi	Paula Carpenter	2280 Scenic View Dr	Nesbit	MS	38651-8833	0	0	0
48-1118037	C287	Wheatland (KS)	Kristina Sunderlin	2515 S Ohio St Apt 124	Salina	KS	67401-7888	0	0	0
51-0289774	C164	Pinellas County	Francine Fanning	1691 Robinhood Lane	Clearwater	FL	33764-6447	0	0	0
51-0318799	C216	Delaware Diamond	Jennifer Painter	43 Kristin Ct	Smyrna	DE	19977-8207	0	0	0
51-0362838	C293	Penns Wood (PA)	Martha Kline	402 Prospect Ave	Downingtown	PA	19335-2835	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	Kelly Scheu	1017 Deer Vly	Manchester	MI	48158-9482	0	0	0
52-1230067	C103	Richmond Area	Meg Helsley	2001 Pruett Ct	Glen Allen	VA	23059-8035	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 Riccobono	2315 E Moreland Blvd	Waukesha	WI	53186-2939	0	0	0
52-1251927	C118	Central Alabama	Marynell Winslow	713 Jasmine Way	Birmingham	AL	35226-4215	0	0	0
52-1251930	C116	North Central New Jersey	Mary Kelly	57 Eastern Dr	Kendall Park	NJ	08824-1321	0	0	0
52-1251939	C123	Houston	Sally De La Cruz	PO Box 273409	Houston	TX	77277-3409	0	0	0
52-1251941	C122	San Antonio	Katherine Mary-Gonzales	5935 Valley Branch St	San Antonio	TX	78250-3952	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	Barbara Cashavelly	27 Hidden Acres Dr	Duxbury	MA	02332-3230	0	0	0
52-1257973	C108	Orange County	Carolyn Rondou	PO Box 6100, One Hoag Dr	Newport Beach	CA	92658-6100	0	0	0
52-1277612	C115	Greater Kansas City	Julie Wilhauk	5616 Payne St	Shawnee	KS	66226-7900	0	0	0
52-1280681	C126	Central Mississippi	Deniece Ponder	405 Miles Cv	Brandon	MS	39047-6907	0	0	0
52-1280684	C125	Phoenix	Donald Day	508 S 93rd Pl	Mesa	AZ	85208-5840	0	0	0
52-1285130	C128	Dallas	Donna Blankenship	8220 Walnut Hill Ln Ste 700	Dallas	TX	75231-4403	0	0	0
52-1298944	C127	Greater Los Angeles	Deborah Lorick	1250 16th St, 4SW Oncology	Santa Monica	CA	90404-1249	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	Gayle Groshko	15498 Fox	Redford	MI	48239-3934	0	0	0
52-1298948	C135	North Carolina Triangle	Kathy Trotter	Box 3322 DUMC	Durham	NC	27710-0001	0	0	0
52-1298950	C137	Roanoke Area	Tammy Arotzarena	1242 Laurel St SE	Roanoke	VA	24014-1826	0	0	0
52-1298951	C131	Northern Virginia	Donna Meyer	2280 Opitz Blvd Ste 120	Woodbridge	VA	22191-3344	0	0	0
52-1308650	C133	Wichita Area	Loretta Weisenborn	PO Box 4623	Wichita	KS	67204-0623	0	0	0
52-1308654	C134	Western New York	Christina Tobin	51 Eltham Drive	Amherst	NY	14226-4108	0	0	0
52-1308968	C136	Long Island/Queens	Candace Schiffer	404 S Greene Ave	Lindenhurst	NY	11757-5431	0	0	0
52-1310924	C130	Greater Baltimore	Trisha Kendall	3026 Woodring Ave	Parkville	MD	21234-7829	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	Molly Brady	8054 Cedar St	Omaha	NE	68124-2204	0	0	0
52-1338965	C140	Genesee Valley	Alicia Coffin	865 Pittsford Victor Rd	Pittsford	NY	14534-3960	0	0	0
52-1338967	C144	Greater Sacramento	Kristie Howlett	2056 Dorrington Dr	Roseville	CA	95661-4084	0	0	0
52-1338969	C143	Santa Clara Valley	Grace Daun	1032 Mount Carmel Dr	San Jose	CA	95120-1924	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	Ashley Harmon	868 Minnesota St Unit 112	San Francisco	CA	94107-3585	0	0	0
52-1351069	C142	New York City	Donna Marie Curran	475 Main St Apt 11Q	New York	NY	10044-0093	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	Ann Smith	1102 Parkside Dr	Ormond Beach	FL	32174-3939	0	0	0
52-1360331	C147	Miami-Dade	Evelyn Wempe	3515 W 76th St Apt 6	Hialeah	FL	33018-7565	0	0	0
52-1360334	C149	Columbus	Bertie Ford	5267 Longshadow Dr	Westerville	OH	43081-7827	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	Salena Mackell	22 Shamrock Ln	Arundel	ME	04046-7966	0	0	0
52-1389348	C152	Little Rock	Sarah Ngundue	13501 Ridgehaven Rd	Little Rock	AR	72211-2283	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	3 Sandy Creek Road	Savannah	GA	31410-3219	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	Mary Rockwell	2302 Walthour Rd	Savannah	GA	31410-4712	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	Lenise Taylor	21410 SE 215th St	Maple Valley	WA	98038-6434	0	0	0
52-1408881	C154	Central Missouri	Lisa Holm	# 1 Hospital Drive	Columbia	MO	65212-1000	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	Suzanne Hotard	706 Concordia	Baton Rouge	LA	70806-6016	0	0	0
52-1458598	C177	Northwest Indiana	Lisa Crabtree	3042 Hoffman Ct	Dyer	IN	46311-1474	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	Leah Arsenault	42 Hillsdale Rd	West Kingston	RI	02892-1001	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	Amy Nance-Thompson	3559 Cowley Way	San Diego	CA	92117-5835	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	Marcie Beasley	115 Norvell Dr	Signal Mountain	TN	37377-3042	0	0	0
52-1475542	C385	National Capital	Judith Lawrence	9308 Weathervane Pl	Montgomery Village	MD	20886-1411	0	0	0
52-1479403	C167	Northeast Florida	Rita Lyles	7113 Ridgeglen Ct	Jacksonville	FL	32216-7151	0	0	0
52-1501243	C185	Central Illinois	Julie Baumgardner	5305 Gentry Rdg	Springfield	IL	62711-7883	0	0	0
52-1504152	C186	Carolina Blue Ridge	Brenda Smith	182 Kingfisher Ln	Mills River	NC	28759-7709	0	0	0
52-1506712	C190	North Central Florida	Catherine Stegall	125 South St	Melrose	FL	32666-4126	0	0	0
52-1513594	C197	Southeastern Virginia	Melissa Kerr	211 Outlaw St	Chesapeake	VA	23320-6327	0	0	0
52-1514479	C192	Bluegrass	Renee Rainey	1717 Summerhill Dr	Lexington	KY	40515-1352	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	Kara Toth	831 Wickham Lakes Dr	Melbourne	FL	32940-2233	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	Kathleen Trachtenberg	6 Merion Rd	Marlton	NJ	08053-1914	0	0	0
52-1522457	C199	Cincinnati Tri State	Debrorah Heim	1043 Steamboat Way	Villa Hills	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	Dorothy Fous	1331 Longwood Dr	Fort Myers	FL	33919-1819	0	0	0
52-1532390	C202	Onc Nurses of Central Oklahoma	Aaron Redus	1612 Mustang Rd NE	Piedmont	OK	73078-9236	0	0	0
52-1533109	C200	Rio Grande	Nancy Ulrickson Swopes	10743 Pearl Sands Dr	El Paso	TX	79924-1126	0	0	0
52-1541349	C182	Central Connecticut	Mary Eanniello	106 Knollwood Rd	West Hartford	CT	06110-1735	0	0	0
52-1541514	C198	Fort Worth Regional	Tracy Messing	6909 Fools Gold Dr	Fort Worth	TX	76179-2211	0	0	0
52-1548852	C207	Kansas Capitol Area	Vicky McGrath	PO Box 204, 221 SW 11th	Auburn	KS	66402-0204	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	Frances Surgenor	920 Church St N	Concord	NC	28025-2927	0	0	0
52-1574978	C212	Palm Beach Area	Brenda Weber	1190 SW 14th Dr	Boca Raton	FL	33486-6771	0	0	0
52-1580071	C205	Southeast Minnesota	Sherry Looker	107 Grande Valley Ave SW	Rochester	MN	55902-3592	0	0	0
52-1588490	C211	Piedmont Triad	Mary Ochs	5225 Bridge Pointe Dr	Clemmons	NC	27012-8237	0	0	0
52-1636006	C221	Hawaii (Oahu)	Robin Easley	PO Box 894603	Mililani	HI	96789-8327	0	0	0

52-1639506	C219	Albuquerque	Barbara Kraft	3405 Avenida Charada NW	Albuquerque	NM	87107-2601	0	0	0
52-1662259	C224	California Central Coast	Kendra Pugmire	22 Sramek Ln	Scotts Valley	CA	95066-3663	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	Evelyn Crump	280 Estate Dr	Eads	TN	38028-3150	0	0	0
52-1689042	C232	Red River Valley (ND)	Joy Leppi	624 5th Ave S	Grand Forks	ND	58201-4846	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	Heather Sabol	1405 Canyon Creek Road	Reno	NV	89523-1704	0	0	0
52-1727952	C239	Northwest Florida	Donna Clark	7417 Odell Ln	Pensacola	FL	32526-8822	0	0	0
52-1727954	C248	Tennessee Valley	Shanda Aiken	7917 Verona Ln	Powell	TN	37849-5383	0	0	0
52-1735534	C242	Mobile Bay (AL)	Janise Banks	7031 Lee Cir W	Irvington	AL	36544-3603	0	0	0
52-1738004	C246	Southeast Nebraska	Patricia Kenney-Hilger	1616 Devoe Dr	Lincoln	NE	68506-1828	0	0	0
52-1738691	C236	Sioux Falls Area (SD)	Marcia Dobberpuhl	2400 S Grinnell Ave	Sioux Falls	SD	57106-4408	0	0	0
52-1738692	C228	Mississippi Gulf Coast	Delores Edge	10596 Roberts Rd	Biloxi	MS	39532-6199	0	0	0
52-1742862	C243	Central Florida	Josephine Visser	6133 Metrowest Blvd Unit 107	Orlando	FL	32835-2968	0	0	0
52-1747262	C241	New York State Southern Tier	Kathleen Peranski	553 Howard Hill Rd	Newark Valley	NY	13811-1512	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	Janet Weiden	1765 Kregel Ave	Muskegon	MI	49442-5332	0	0	0
52-1822328	C265	Wisconsin Capitol	Terri White	5228 Langlois St	Madison	WI	53705-2702	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)	Kimberly Peterson	7426 Springfield Ave	Sykesville	MD	21784-7550	0	0	0
52-1876690	C298	Upper Eastern Shore (MD)	M Michele Williams	5425 Danielles Ct	Trappe	MD	21673-1786	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	Anne Marie Taggart	236 W Donna Dr, Box 722	Pomona	NJ	08240-9019	0	0	0
52-2016082	C300	Illowa Riverbend (IL/IA)	Rebecca Ramsdale	122 N Vail St	Geneseo	IL	61254-1314	0	0	0
54-1560911	C238	Blue Ridge of Virginia	Roberta Fulton	146 Ridgeview Dr	Ruckersville	VA	22968-2772	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	Marilyn Porter	1983 Tison Lane	Mt. Pleasant	SC	29464-6232	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	Jennifer Webster	2468 Brookcliff Way	Atlanta	GA	30345-2002	0	0	0
58-2645441	C327	Gwinnett County (GA)	Shanika Mallory	975 Hillary Ln	Lawrenceville	GA	30043-6698	0	0	0
61-1613713	C364	Northwestern Pennsylvania	Susan Roche	4205 W Lake Rd	Erie	PA	16505-1413	0	0	0
62-1250401	C194	Northeast Tennessee	Maryly Scott-Sprinkle	115 Beechnut St Unit 14	Johnson City	TN	37601-1542	0	0	0
62-1568181	C282	Wabash Valley (IN)	Tamberley Himes	2623 Nutmeg Ln	West Lafayette	IN	47906-5286	0	0	0
63-0995390	C227	Onc Nurses of North Alabama	Kristin Donahue	211 Walden Glen Rd	Madison	AL	35758-3632	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)	Ashleigh Hopkinson	2922 Dickens Cir	Kissimmee	FL	34747-1623	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	Sedonia Abate	212 Equipment Ln	Carencro	LA	70520-5647	0	0	0
72-1294820	C302	Bayou Oncology(C'est BON)(LA)	Jeanne Gernon	4018 Kerr Dr	Bourg	LA	70343-3636	0	0	0
73-1296625	C209	Northeast Oklahoma	Julie Whitford	5303 E Hickory Hollow Rd	Claremore	OK	74019-0148	0	0	0
73-1733567	C346	Treasure Coast (FL)	Kim Hockenbery	6455 S US Highway 1	Grant	FL	32949-2217	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	Ramona Escalon	9210 Genoa Ave	Lubbock	TX	79424-3844	0	0	0
75-2705363	C308	West Central Texas	Melissa Jones	150 Stardust Trl	Tuscola	TX	79562-3680	0	0	0
76-0190360	C176	Galveston/Bay Area	Jeannie Keith	415 Misty Shore Dr	League City	TX	77573-5992	0	0	0

77-0206737	C214	California Central Valley	Andrea Kosiyangkakul	989 E Niles Ave	Fresno	CA	93720-2171	0	0	0
80-0305983	C362	Southern Delaware Chapter	Mary Van Bergen	424 Savannah Rd	Lewes	DE	19958-1462	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	Denise Sullivan	100 E Idaho St	Boise	ID	83712-6267	0	0	0
84-0890877	C124	Metro Denver	Barbara Wenger	8177 Upham Ct	Arvada	CO	80003-1622	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	Nina Elledge	5115 Westridge Dr	Fort Collins	CO	80526-6510	0	0	0
86-0518371	C161	Southern Arizona	Sandra Marques	3510 N Catalina Way	Tucson	AZ	85749-9591	0	0	0
86-0831194	C305	Grand Canyon	Nancy Forman	1120 W Shullenbarger Dr	Flagstaff	AZ	86001-8959	0	0	0
87-0457665	C213	Intermountain (Utah)	Katie Thomas	9129 Mallard Cir	Sandy	UT	84093-2848	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	Lori Durbin	255 S Hartson St	Napa	CA	94559-4451	0	0	0
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)	Nicole Hammond	900 S Auburn St	Kennewick	WA	99336-5652	0	0	0
91-1934020	C307	Central Georgia	Rinda Hamilton	203 White Pond Ln	Warner Robins	GA	31088-2959	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	Janet Stocker	37 Highland Ridge Rd	Barrington	NH	03825-5011	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	Tanya Brubaker	6843 Kenilworth Ave	El Cerrito	CA	94530-1841	0	0	0
applied for	C374	Wyoming Oncology Professionals	Pat Wagner	6614 Tate Rd	Cheyenne	WY	82001	0	0	0