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 $\mathsf{Form}\, 990$

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

2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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	For th	e 2014 calendar year, or tax year beginning and	dending						
В	Check if applicab	C Name of organization		D Employer identific	ation number				
Г	Addre	TEXAS SOCIETY OF CLINICAL ONCOLOGY							
Ē	Name Chang		 -	1 74-24	452162				
Ē	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final	C/O ACCC 11600 NEBEL CODEED	201		984-9496				
	termir		G Gross receipts \$	256,528.					
	Amen		H(a) Is this a group re						
	Application			for subordinates'					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
ī	Tax-ex	empt status 501(c)(3)X 501(c)(6) ◀ (insert no) 4947(a)(1)	or 527	1	list (see instructions)				
		te: WWW.TXSCO.COM		H(c) Group exemption	number -				
		organization X Corporation Trust Association Other	L Year	of formation: 1988 M	State of legal domicile: TX				
Р	art I	Summary							
Φ	1	Briefly describe the organization's mission or most significant activities SEE	PART I	II, LINE 1					
Governance									
ř	2	Check this box 🕨 📖 if the organization discontinued its operations or disposit	osed of more	than 25% of its net as:	sets				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	11				
ص ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11				
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0				
₹	6	Total number of volunteers (estimate if necessary)		6	11				
Activities	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	b	Net unrelated business taxable income from Form 990 Teline 34 CIVILID		7b	<u> </u>				
			101	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	156,000.	184,000. 71,950.					
	9	Program service revenue (Part VIII, line 2g)	30(1 4 2 - 1)						
ě	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d)		426.	578.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and life (·	0.	0.				
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, columna(A) in e-12)	- R 122)	228,411.	256,528.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		14,250.	4,028.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
×	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	455 555	201 200				
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		155,555.	224,333.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		169,805.	228,361.				
	19	Revenue less expenses Subtract line 18 from line 12		58,606.	28,167.				
tso			Ве	ginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)		463,180.	515,256.				
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)	_	24,249.	48,158.				
F	<u>22 </u>	Net assets or fund balances Subtract line 21 from line 20 Signature Block		438,931.	467,098.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	ac and statem	ante and to the heet of my	knowledge and ballefut to				
		thes of perjuly, I declare that I have examined this return, including accompanying scheduler, and complete. Declaration of propager (other than officer) is based on all information of v		•	knowledge and belief, it is				
	, 001100	the and complete. Distriction of proper (other than officer) is based on an information of v	vincii proparci	S/2	1/15				
Sig	เก	Signature of officer		Date					
He		LUCAS WONG, TREASURER							
		Type or print name and title							
Print/Type preparer's name Preparer's signature Date Check PTIN									
Pai	d	Richard J. Locastro 1215/1/1		2.//5 If self-employe	100288314				
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	-	Firm's EIN	52-1392008				
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N							
		BETHESDA, MD 20814-2930		Phone no (3)	01) 951-9090				
Ма	y the I	AS discuss this return with the preparer shown above? (see instructions)			X Yes No				
		THE Person work Deduction Act Notice and the concrete instruct			Form 990 (2014)				

Form	990 (2014) TEXAS SOCIETY OF CLINICAL ONCOLOGY 74-2452162 Page 2
Pa	rt 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
**	TO PROVIDE ADVOCACY FOR CANCER PATIENTS AND TO PROMOTE STANDARDS OF
	HIGH-QUALITY CANCER CARE IN TEXAS.
	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?
	If "Yes," describe these new services on Schedule O
_	
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, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$
74	THE PRIMARY ACCOMPLISHMENTS OF THE SOCIETY WERE:
	THE PRIMARY ACCOMPLISHMENTS OF THE SOCIETY WERE:
	1. STRENGTHENED TXSCO'S INFLUENCE ACROSS THE STATE BY INCREASING
	MEMBERSHIP BY 5%.
	2. HOSTED ITS 5TH ANNUAL "TXSCO LEADERSHIP DAY" TO BRING TOGETHER ITS
	LEADERS AND CORPORATE MEMBERS.
	3. WITH THE ASSISTANCE OF ITS LOBBYING FIRM, HILLCO HEALTH, TXSCO
	CONTINUED ITS LEGISLATIVE OUTREACH BY RE-INTRODUCING ITSELF TO
	POLICYMAKERS AND NEW KEY STATEWIDE LEADERS INCLUDING STATE HEALTHCARE
	AGENCIES AND MEDICAID.
	4. JOINED A COALITION EFFORT OF OVER 25 STATE AND FEDERAL ORGANIZATIONS
	IN SUBMITTING COMMENTS TO USP EXPRESSING CONCERNS OVER THE PROPOSED
46	
4b	(Code) (Expenses \$
	- Control of the Cont
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
74	
	(Expenses \$ including grants of \$) (Revenue \$)
4 <u>e</u>	Total program service expenses
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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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	<u>A</u>
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 98-197 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		<u>X</u>
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		<u>X</u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
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,	44-		Х
L-	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
а	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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		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		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		<u> X</u>
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	17		<u> </u>
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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
0_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	(2014)
		LOUI	230	(2014)

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Form		452162	Р	age 4
Pa	rt JV 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 17 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 th	e		
	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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	
	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			
	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	N/	Α
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,"		1	
	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)			
а		28a		Х
b	the state of the s	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	ŀ		
	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		х
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		Х

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

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

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

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N/A

X

34

35a

35b

36

Part V, line 1

	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		1,55	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1 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			
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)			
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			i
	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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_	-	_X_
	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			v
	any contributions that were not tax deductible as charitable contributions?	6a_		_X_
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). N/A	0.0		
а	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		
С	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			
е	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		
	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 N/A			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter	JD		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
L	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			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2014)

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Form 990 (2014) TEXAS SOCIETY OF CLINICAL ONCOLOGY 74-2452162 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 74-2452162 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, ab, or rab below, describe the circumstances, processes, or changes in deficulties of declinations			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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		v	
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	v
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		 -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		v	
	more members of the governing body?	7a	X	
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.	v	
_	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_ '	v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		Λ
566	tion b. Tolloles (This Section B requests information about policies not required by the internal nevertibe Code)		Yes	Na
100	Did the organization have local chapters, branches, or affiliates?	10a	162	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D	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		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	х	
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		Х
b	Other officers or key employees of the organization	15b		Х
	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		Х
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	availab	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, and	d finan	cial	
	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			
	LI YU - 301-984-9496			
	11600 NEBEL STREET, SUITE 201, ROCKVILLE, MD 20852-2557			
42200	3 11.07-14	Form	990	(2014)

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 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

X Check this box if neither the organization n	or any related	orga	nıza	tion	cor	mpe	nsat	ed any current officer, o	director, or trustee	
(A)	(B)	l		_ ((2)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week				from	from related	other			
	(list any hours for	or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	şş			nsate		(W 2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	Individual trustee	institutional trustee		эуее	Highest compensated employee		, ,		and related
	below	ngna	tution	 	Key employee	lest c	ner			organizations
	line)	횰	iş i	Officer	Key	±g#	Former	<u> </u>		
(1) RAY D. PAGE (PRES-ELECT UNTIL	1.00	١.								
10/14) PRESIDENT (FROM 10/14)		X		X		<u> </u>		0.	0.	0.
(2) GLADYS RODRIGUEZ (PRES. UNTIL	1.00									
10/14) IMM. PAST-PRES. (FROM 10/14)		X		X				0.	<u> </u>	0.
(3) GARY E. GROSS - TREAS. (UNTIL	1.00									
10/14) PRESELECT (FROM 10/14)		X		X	<u> </u>	<u> </u>		0.	0.	0.
(4) LUIS H. CAMACHO	1.00				İ					
SECRETARY		X		X		_		0.	0.	0.
(5) LUCAS WONG (DIR-AT-LARGE UNTIL	1.00								_	_
10/14) TREASURER (FROM 10/14)		X	_	X				0.	0.	0.
(6) JOSEPH S. BAILES	1.00	ļ						_		
DIRECTOR-AT-LARGE		X	_	<u> </u>		<u> </u>		0.	0.	0.
(7) LUIS T. CAMPOS	1.00	ļ				ŀ		_	_	_
DIRECTOR-AT-LARGE		X				<u> </u>		0.	0.	0.
(8) WILLIAM JORDAN (PAST PRES UNTIL	1.00							_	_	_
10/14) DIR-AT-LARGE (FROM 10/14)		X				<u> </u>		0.	0.	0.
(9) DEBRA PATT	1.00									
DIRECTOR-AT-LARGE (FROM 10/14)		X	ļ	<u> </u>	<u> </u>	ļ		0.	0.	0.
(10) R. STEVEN PAULSON	1.00									
DIRECTOR-AT-LARGE	1 00	X	ļ	<u> </u>		 —		0.	0.	0.
(11) CHRISTOPHER OWEN RUUD	1.00							•		
DIRECTOR-AT-LARGE (FROM 10/14)	1 00	X		_		-		0.	0.	0.
(12) JOHN V. COX	1.00					İ				
DIRECTOR-AT-LARGE (UNTIL 10/14)	1 00	X						0.	0.	0.
(13) CESAR J. TULA	1.00							_	•	
DIRECTOR-AT-LARGE (UNTIL 10/14)		X			_			0.	0.	0.
			_		<u> </u>	-				
		-								
		-	\vdash			\vdash	-			
		1								
		\vdash	\vdash	_	_					
		1			1					
						1	Щ.		<u> </u>	

Form 990 (2014)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)				C) ((D)	(E)			(F)	
	Name and title	Average	Position (do not check more t						Reportable	Reportable		Est	ımate	d
•		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		am	ount o	of
		week	offi	cer an	nd a d	lirecto	or/trus	tee)	from	from related		(ther	
		(list any	Sctor	ļ					the	organizations	1	comp	ensa	tion
		hours for	Individual trustee or director	١.,			Ē		organization	(W-2/1099-MISC)	fro	m the	9
		related	stee o	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		- {	orga	ınızatı	on
		organizations	Ě	12 12		Key employee	le a				l	and	relate	ed
		below	n pıx	를	je j	ешр	lest of	Готтег	İ			orga	nızatıc	ons
	<u>.</u>	line)	르	E	Officer	Key	물통	ĕ			\perp			
												-		
				i	ļ ,					 	十			
			i		١.									
			-		-	-	-		 		+			
		 		├	<u> </u>	-	<u> </u>				+			
			-			ŀ								
		ļ — — —	ļ	 	<u> </u>	<u> </u>	 	ļ	-		4			
		ļ												
			<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>			\perp			
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			1											
											\dashv			
			İ]										
	Sub-total		ا	·			l		0.		5.			0.
		U O 1' A									5.			
	Total from continuation sheets to Part VI	I, Section A							0.		-			0.
	Total (add lines 1b and 1c)			_					0.).[0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wh	no r	eceived more than \$100	,000 of reportable				_
	compensation from the organization													0
											_		Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	, or	highest compensated ei	mployee on	İ			
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d ot	her compensation from t	the organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual	•	İ	4	ĺ	X
5	Did any person listed on line 1a receive or a									dual for services				
-	rendered to the organization? If "Yes," com										İ	5		Х
Sec	tion B. Independent Contractors	piete Cerredan	, , ,	0, 00	2011	00,0	,,,,,						- 1	- 11
1	Complete this table for your five highest co	mnonested in		anda	nt c	ont	racto	arc +	hat received more than	\$100,000 of come:		tion fo	om	
'										•	HISA	LION II	OIII	
	the organization Report compensation for	trie Caleridar y	eai	enui	ng w	VILIT	OI W	10111		real				
	(A) Name and business	addrage	37/	~***	-			I	(B) Description of s	onucos	Cc	(C mpen		,
	Traine and business	addless	N	INC	<u> </u>			\dashv	Description of s	ervices		nipei	Sation	<u> </u>
									· · · ·					
										1				
														
								-						
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								一		-				
								ļ						
	Total number of independent contracts /	noludina but =	ot I	mıå c	4 + ^	+h-c	00 10		I obovo) who received in	ara than				
2	Total number of independent contractors (i	-	OL II	mie	นเบ		_	siec	above) who received m	ore man				
	\$100,000 of compensation from the organi	zation 📂					0						000	
											F	orm 9	19U (2	2014 <u>\</u>

432008 11-07-14

Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any line	e 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
ts st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		184,000.	1			
اغ ي		· · · · · · · · · · · · · · · · · · ·	1c					
ar /		Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e					
r Si	f	All other contributions, gifts, gran	its, and					
the		similar amounts not included abo	ve 1f					
d Off	g	Noncash contributions included in lines	s 1a-1f \$					
<u>a 0</u>	<u>h</u>	Total. Add lines 1a-1f		•	184,000.			
				Business Code				
ce	2 a		3	900099	45,500.	45,500.		
ie K	b	MEETINGS	<u></u>	900099	26,450.	_26,450.		
Program Service Revenue	С							·
le S	d							
00	е							
۵	f	All other program service reve	enue	L				<u> </u>
		Total. Add lines 2a-2f	<u> </u>		71,950.			
J	3 Investment income (including dividends, interest, and				E E O			
i		other similar amounts)		. 🏲	578.			578.
- 1	4	Income from investment of ta	x-exempt bond p	roceeds				
i	5	Royalties	<u> </u>	D				
	•	0	(ı) Real	(ii) Personal				
	6 a							
	b	Less rental expenses Rental income or (loss)						
İ	ر د	Net rental income or (loss)						
		Gross amount from sales of	(ı) Securities	(II) Other				
	, a	assets other than inventory	- ty occurries	(ii) Other				
	h	Less cost or other basis						
İ	~	and sales expenses						
	С	Gain or (loss)						
ļ		Net gain or (loss)		•				
انه	8 a	Gross income from fundraisin	g events (not					
ğ		including \$	of					
ě		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	а					
Ě	b	Less direct expenses	b			İ		
Ĭ		Net income or (loss) from fund	-					
ļ	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b	L				
		Net income or (loss) from gam	-	•				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b					
}	с	Net income or (loss) from sale		D				
1		Miscellaneous Revenu		Business Code				
	11 a							
	b			 +		<u> </u>		
[c C	All other revenue		 		-		+
		Total. Add lines 11a-11d		<u> </u>		 		
	12	Total revenue See instructions.			256,528.	71,950.	0	578.
43200 11-07-								Form 990 (2014)

Form 990 (2014) TEXAS SOCIETY OF CLINICAL ONCOLOGY 74-2452162 Page 10
Part IX Statement of Functional Expenses

Secti	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 respon				
	not include amounts reported on lines 6b, Bb, 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	4,000.			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	28.			
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)		<u>-</u> .		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	··············			
9	Other employee benefits		· <u> </u>		
10	Payroll taxes		· -		
11	Fees for services (non-employees)				
а	Management	58,117.			
þ	Legal			<u></u>	
С	Accounting	1,100.			
d	Lobbying	72,132.	. ,		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,367.	-		
14	Information technology				
15	Royalties				
16	Occupancy			-	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	05 540			_
19	Conferences, conventions, and meetings	87,713.	<u> </u>		
20	Interest				
21	Payments to affiliates		·		
22	Depreciation, depletion, and amortization .	C C F	. 		
23	Insurance	665.			
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)				
а	DUES	1,575.			
b	MEMBERSHIP	1,108.			
С	MISCELLANEOUS	556.			
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	228,361.			
26	Joint costs Complete this line only if the organization	į			
	reported in column (B) joint costs from a combined	ĺ			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				L

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash - non-interest-bearing 1 463,180 515,256. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 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 Investments - publicly traded securities 11 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 Other assets See Part IV, line 11 15 15 463,180 Total assets. Add lines 1 through 15 (must equal line 34) 515,256. 16 16 149 158. Accounts payable and accrued expenses 17 17 Grants payable 18 18 24,100 48,000. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 24,249. 48,158. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 438,931. 27 Unrestricted net assets 467,098. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 467,098. 438,931 33 Total net assets or fund balances 33 515,256. Total liabilities and net assets/fund balances 463,180

Form 990 (2014)

Form	1990 (2014) TEXAS SOCIETY OF CLINICAL ONCOLOGY	74-24	52162	Page 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		,528.
2	Total expenses (must equal Part IX, column (A), line 25)	2	228	,361.
3	Revenue less expenses Subtract line 2 from line 1	3		,167.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	438	,931.
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	467	,098.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			`	res No
1	Accounting method used to prepare the Form 990 CashX Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1	
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	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 separat	e basıs,		
	consolidated basis, or both			
	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		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		- 1
	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 requ	red audit		ŀ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2014)

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 its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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 separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

10//	see separate moductions), then					
• S∈	ection 501(c)(4), (5), or (6) organiza	tions Complete Part III				
Name of organization					Employer identification number	
	TEXAS S	OCIETY OF CLINIC	CAL ONCOLOGY		74-2452162	
Part	I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527	organization.	
2 F	rovide a description of the organized itself to a description organized itself to a description organized itself to a description organized itself to a description organized itself to a description org	ation's direct and indirect politi	cal campaign activities	_	\$	
Parl	I-B Complete if the ord	janization is exempt und	der section 501(c)	(3).		
1 E	nter the amount of any excise tax			> :	 \$	
	nter the amount of any excise tax				\$	
	the organization incurred a section	, ,			Yes No	
	Vas a correction made?		, ter une year		Yes No	
	"Yes," describe in Part IV				ies ito	
	I-C Complete if the org	anization is exempt und	der section 501(c)	, except section 501	(c)(3).	
	nter the amount directly expended				\$	
	nter the amount of the filing organ	, ,	•			
	xempt function activities				\$	
	otal exempt function expenditures	Add lines 1 and 2 Enter here:	and on Form 1120-POL			
	ne 17b	, ridd iiridd 7 difd 2 Eritol Flore t	und 0111 01111 1 1201 02		\$	
	old the filing organization file Form	1120-DOL for this year?			Yes No	
	• •	•	INI) of all agetion EQ7 as	alitical arganizations to wh		
	inter the names, addresses and en nade payments. For each organiza			•	* *	
	ontributions received that were pr	•	• •		•	
	olitical action committee (PAC) If	• •		•	ate segregated fund of a	
	, ,	· · · · · · · · · · · · · · · · · · ·				
	(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·	
						

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the organized section 501(h)).	TEXAS SOCIE ganization is exe	TY OF CLINI mpt under sectio	CAL ONCOLOG n 501(c)(3) and file	<u>Y 74-</u> ed Form 5768 (2452162 Page 2 election under		
A Check ▶ ☐ if the filing organiza	ition belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's nai	me, address, EIN,		
	re of excess lobbying	expenditures)					
B Check ► if the filing organiza	ition checked box A a	nd "limited control" pro	ovisions apply				
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	uence public opinion ((grass roots lobbying)					
b Total lobbying expenditures to infl							
c Total lobbying expenditures (add l							
d Other exempt purpose expenditur	es						
e Total exempt purpose expenditure		d)					
f Lobbying nontaxable amount Ent	er the amount from th	e following table in bot	h columns				
If the amount on line 1e, column (a) of	or (b) is The lob	bying nontaxable am	ount is:				
Not over \$500,000		the amount on line 1e					
Over \$500,000 but not over \$1,00		00 plus 15% of the exc	ess over \$500,000				
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17		00 plus 5% of the exce					
Over \$17,000,000	\$1,000,						
g Grassroots nontaxable amount (er	nter 25% of line 1f)						
h Subtract line 1g from line 1a If zer	h Subtract line 1g from line 1a If zero or less, enter 0						
i Subtract line 1f from line 1c If zero	i Subtract line 1f from line 1c If zero or less, enter -0-						
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiz	ation 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 separate instructions for lines 2a through 2f.)							
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total		
2a Lobbying nontaxable 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))					1		

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 TEXAS SOCIETY OF CLINICAL ONCOLOGY 74-2452162 Page 3

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

	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the lobbying activity		Yes	No	Amo	ount
1 a	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 Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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? Other activities?				
J	Total Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(b), or se		<u> </u>
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		<u> X</u>
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? † III-B Complete if the organization is exempt under section 501(c)(4), sect	: F04/-\/	3	X	
rai	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1	45	,500
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	72	2,132
b	Carryover from last year		2b		260
С	Total		2c		2,392
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	45	5,500
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	1		
3 4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	adds the eigenization agree to daily over to the reasonable estimate of horizonation lobbying and		l I	26	5,892
	expenditure next year?		4		Λ
	• • •		5		0
4 5	expenditure next year?				
5 Par	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	ıp list), Part II-/	5		
5 Par	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) T IV Supplemental Information Ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	ıp list), Part II-/	5		
5 Par	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) T IV Supplemental Information Ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	ıp list), Part II-/	5		

Schedule C (Form 990 or 990-EZ) 2014

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public

Open to Public Inspection

TEXAS SOCIETY OF CLINICAL ONCOLOGY

Employer identification number 74-2452162

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CHAPTER 800 REGULATIONS, WHICH SUCCESSFULLY RESULTED IN REVISED
REGULATIONS.
5. WITH THE ASSISTANCE OF ITS LOBBYING FIRM, HILLCO HEALTH, TXSCO
WORKED WITH OTHERS TO HOLD THE LINE ON ANY NEW PRICE AND TRANSPARENCY
RULEMAKING FROM BEING INTRODUCED IN THE LEGISLATIVE SESSION.
6. PRESENTED A WELL-ATTENDED MEMBERSHIP CONFERENCE IN SEPTEMBER IN SAN
ANTONIO FEATURING FELLOWS' RESEARCH PRESENTATIONS IN ADDITION TO A
PANEL ON MOLECULAR DIAGNOSTICS, BENCHMARKING DATA, WORKFORCE ISSUES,
BURNOUT AND CAREER SATISFACTION, AND OTHER SESSIONS.
7. PROVIDED FREE CME AND CNE TO PHYSICIANS AND NURSES ATTENDING THE
ANNUAL MEMBERSHIP CONFERENCE IN SEPTEMBER.
8. CONTRIBUTED TO ASCO'S YOUNG INVESTIGATOR AWARD.
9. CONTRIBUTED TO THE COALITION FOR PATIENT SAFETY.
FORM 990, PART VI, SECTION A, LINE 3:
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 2014 WAS \$58,117.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS GROUP AND INDIVIDUAL MEMBERS.

Name of the organization TEXAS SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 74-2452162		
FORM 990, PART VI, SECTION A, LINE 7A:			
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:			
CHANGES TO BY-LAWS MUST BE APPROVED BY MEMBERSHIP.			
FORM 990, PART VI, SECTION B, LINE 11:			
THE FORM 990 WAS SIGNED BY THE TREASURER. HOWEVER, THE FO	RM 990 WAS NOT		
REVIEWED BY THE ENTIRE GOVERNING BODY BEFORE IT WAS FILED	. INSTEAD, THE		
GOVERNING BODY REVIEWED THE FINANCIAL AND SUPPORTING DOCU	MENTATION USED IN		
THE PREPARATION OF THE FORM 990 PRIOR TO ITS RELEASE TO THE ACCOUNTANTS.			
FORM 990, PART VI, SECTION B, LINE 12C:			
ELECTED BOARD MEMBERS SIGN THE CONLICT OF INTEREST FORM A	NNUALLY. IF THE		
BOARD HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED	TO DISCLOSE AN		
ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD GIVES	THE MEMBER THE		
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. I	F AFTER FUTURE		
INVESTIGATION, THE BOARD DETERMINES THAT A FAILURE TO DIS	CLOSE HAS		
OCCURRED, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIV	E ACTION.		
FORM 990, PART VI, SECTION C, LINE 19:			
THE TEXAS SOCIETY OF CLINICAL ONCOLOGY MAINTAINS ITS GOVE	RNING DOCUMENTS,		
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AT	ITS MANAGEMENT		
OFFICE IN ROCKVILLE, MARYLAND. THESE DOCUMENTS ARE MADE A	VAILABLE TO THE		
GENERAL PUBLIC UPON REQUEST.			