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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations and controlling organization as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization
NEW YORK STATE SOCIETY OF MEDICAL ONCOLOGISTS & HEMATOLOGISTS INC

Number and street (or P O box, if mail is not delivered to street address)

600 OLD COUNTRY ROAD

City or town, state or country, and ZIP + 4

GARDEN CITY, NY 11530

D Employer identification number

13-3728930

E Telephone number

5162288766

F Group Exemption Number

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)

Website ▶ N/A

Organization type (check only one) ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527

Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 0.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here ▶	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	0.	
Expenses	10	Grants and similar amounts paid	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶)	16	
	17	Total expenses (add lines 10 through 16)	17	0.
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	0.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	0.

STATUTE UNIT RECEIVED

FEB 17 2017

TPR BRANCH OGDEN

RECEIVED
FEB 15 2017
OGDEN, UT

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22
23	Land and buildings	23
24	Other assets (describe ▶)	24
25	Total assets	0. 25 0.
26	Total liabilities (describe ▶)	0. 26 0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27 0.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>See Statement 1</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	SHARING EXPERTISE, CHALLENGES, AND OTHER INFORMATION WITH MEMBERS FOR THE PURPOSE OF PROVIDING EDUCATION AND KEEPING ALL MEMBERS CURRENT IN THEIR RESPECTIVE MEDICAL FIELD. (Grants \$) If this amount includes foreign grants, check here ☐	28a
29	DEVELOPING AND MAINTAINING RELATIONSHIPS WITH NATIONAL AND STATE GOVERNMENT OFFICIALS AS WELL AS INSURANCE CARRIERS FOR THE PURPOSE OF ENCOURAGING THE BEST MEDICAL PRACTICES. (Grants \$) If this amount includes foreign grants, check here ☐	29a
30	PROVIDING TRAVEL GRANTS THAT ARE AWARDED TO PHYSICIANS-IN-TRAINING TO BE APPLIED TO THE COST OF TRANSPORTATION, ROOM, AND BOARD TO ATTEND ANNUAL MEETINGS OF ASHASCO. (Grants \$) If this amount includes foreign grants, check here ☐	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a) ▶ 32		0.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>See Statement 2</u>				

Part V Other Information (Note the statement requirement in General Instruction V)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	0.		
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

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Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Enter amount of tax on line 40c reimbursed by the organization 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b	N/A	
40c		
40e		X

41 List the states with which a copy of this return is filed NY

42a The books are in care of RAINES & FISCHER LLP Telephone no 2129539200
Located at 555 FIFTH AVE SUITE 901, NEW YORK, NY ZIP + 4 10017

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

Please Sign Here

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.

Signature of officer Stuart Feldman Date 2/2/17
Type or print name and title Stuart Feldman, Director

Paid Preparer's Use Only

Preparer's signature B. R. R. Date 02/03/17 Check if self-employed ☒ Preparer's SSN or PTIN
Firm's name (or yours if self-employed) RAINES & FISCHER LLP EIN
address and ZIP + 4 555 FIFTH AVENUE 9TH FLOOR Phone no 2129539200
NEW YORK, NY 10017

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