See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

0806

# Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 organizations 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

**2007**

Open to Public Inspection

STATUTE CLEARED FEB 21 '17

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [X] 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) Room/suite
600 OLD COUNTRY ROAD 320

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: [X] Cash [ ] Accrual Other (specify) ▶

Website ▶ N/A

H Check ▶ [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF)

Organization type (check only one)— [X] 501(c) ( 6 ) ◀ (insert no ) [ ] 4947(a)(1) or [ ] 527

K 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

L 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 55 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 | | |
| | b | Less cost or other basis and sales expenses 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule) | 5c | |
| | 6 | Special events and activities (attach schedule) If any amount is from gaming, ch | | |
| | a | Gross revenue (not including $ _____ of contributions reported on line 1) 6a | | |
| | b | Less direct expenses other than fundraising expenses 6b | | |
| | c | Net income or (loss) from special events and activities Subtract line 6b from line 6a | 6c | |
| | 7a | Gross sales of inventory, less returns and allowances 7a | | |
| | b | Less cost of goods sold 7b | | |
| | c | Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a | 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 Subtract line 17 from line 9 | 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 TPI BRANCH OGDEN

RECEIVED FEB 15 2017 E2-665 IRS-OSC OGDEN, UT

SCANNED

## 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 60 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. |

**Part III Statement of Program Service Accomplishments** (See page 60 of the instructions)

What is the organization's primary exempt purpose? SEE STATEMENT 1

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.

**Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

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 THE 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 61 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 |
|---|---|---|---|---|
| SEE STATEMENT 2 | | | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 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 | | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 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 | 40b | N/A | |
| 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? | 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

| | | | Yes | No |
|---|---|---|---|---|
| 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)? | 42b | | 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 ? | 42c | | X |
| | 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 — Date 2/2/17

Stuart Feldman, Director
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ Date 02/02/17 Check if self-employed ▶ X Preparer's SSN or PTIN

Firm's name (or yours if self-employed) address and ZIP + 4 ▶ RAINES & FISCHER LLP
555 FIFTH AVENUE 9TH FLOOR
NEW YORK, NY 10017

EIN ▶

Phone no 2129539200

Form **990-EZ** (2007)

723432
12-27-07