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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
WISCONSIN ASSOCIATION OF HEMATOLOGY AND ONCOLOGY INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
C/O ACCC 11600 NEBEL STREET NO 201
City or town, state or province, country, and ZIP or foreign postal code
ROCKVILLE, MD 208522538

D Employer identification number
39-1704503
E Telephone number
(301) 984-9496
F Group Exemption Number

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)

I Website: WWW.WAHO-WISCONSIN.COM

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 156,073**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)						
Check if the organization used Schedule O to respond to any question in this Part I ☒						
Revenue	1	Contributions, gifts, grants, and similar amounts received		1	112,000	
	2	Program service revenue including government fees and contracts		2	34,400	
	3	Membership dues and assessments		3	9,650	
	4	Investment income		4	23	
	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)		5c		
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		
	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 in Schedule O)		8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	156,073		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	500	
	11	Benefits paid to or for members		11		
	12	Salaries, other compensation, and employee benefits		12	94,728	
	13	Professional fees and other payments to independent contractors		13	1,100	
	14	Occupancy, rent, utilities, and maintenance		14	326	
	15	Printing, publications, postage, and shipping		15	131	
	16	Other expenses (describe in Schedule O)		16	41,605	
	17	Total expenses. Add lines 10 through 16		17	138,390	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	17,683	
	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	153,744	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	171,427	

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	210,257	22	226,927
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,150	24	1,150
25	Total assets	211,407	25	228,077
26	Total liabilities (describe in Schedule O)	57,663	26	56,650
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	153,744	27	171,427

Part IIIStatement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO PROVIDE ADVOCACY FOR CANCER PATIENTS AND TO PROMOTE STANDARDS OF EXCELLENCE FOR HIGH-QUALITY CANCER CARE AS WELL AS TO STUDY, RESEARCH AND EXCHANGE INFORMATION, EXPERIENCES, AND IDEAS LEADING TO IMPROVEMENT IN ONCOLOGY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
- ORGANIZED A SUCCESSFUL MEMBERSHIP CONFERENCE, WHICH INCLUDED SESSIONS OF INTEREST FOR WISCONSIN'S ONCOLOGY COMMUNITY - SPONSORED EDUCATIONAL SYMPOSIA IN MILWAUKEE, LA CROSSE, AND GREEN BAY TO EDUCATE FELLOWS AND MEMBERS ON CURRENT ISSUES OR NEW TREATMENT REGIMENTS - OFFERED WEBINARS AND OTHER RESOURCES TO MEMBERS AND THEIR PRACTICES AS A CO-SPONSOR OF THE STATE SOCIETY EDUCATION SERIES - SUPPORTED THE WISCONSIN MEDICAL SOCIETY "OCTOR DAY 2015" IN MARCH 2015 - FOR THE SECOND STRAIGHT YEAR, CO-SPONSORED A WELL-ATTENDED ASCO REVIEW IN MILWAUKEE WITH AURORA HEALTHCARE AND OFFERED CONTINUING EDUCATION CREDITS TO PARTICIPANTS - CO-SUPPORTED THE FIRST ANNUAL WISCONSIN REVIEW OF THE SAN ANTONIO BREAST CANCER SYMPOSIUM - CONTRIBUTED TO ASCO'S YOUNG INVESTIGATOR AWARD TO PROVIDE FUNDING FOR PROMOTING EXCELLENCE IN ONCOLOGY RESEARCH - BOARD MEMBERS VOLUNTEERED FOR OTHER STATE AND NATIONAL ORGANIZATIONS. THE ASCO STATE AFFILIATE COUNCIL REPRESENTATIVE IS DHIMANT R. PATEL, MD - DISSEMINATED HEALTHCARE UPDATES AND ONCOLOGY NEWS THROUGH THE WAHO WEBSITE, WAHOWISCONSIN.COM, AND THE WAHO E-NEWSLETTER
(Grants \$ 0) If this amount includes foreign grants, check here

28a0

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ACCC - SEE SCHEDULE O ALL IN C/O ORGANIZATION	18 00	94,728	0	0
DHIMANT R PATEL PRESIDENT	1 00	0	0	0
KURT R OETTEL VICE PRESIDENT	1 00	0	0	0
GILBERTO A RODRIGUES SECRETARY	1 00	0	0	0
WILLIAM G MATTHAEUS TREASURER	1 00	0	0	0
FEDERICO A SANCHEZ IMMEDIATE PAST PRESIDENT	1 00	0	0	0
DEAN GRUBER MEMBER-AT-LARGE	1 00	0	0	0
CHRISTOPHER R HAKE MEMBER-AT-LARGE	1 00	0	0	0
RON J KIRSCHLING MEMBER-AT-LARGE	1 00	0	0	0
DANIEL MULKERIN MEMBER-AT-LARGE	1 00	0	0	0
BENJAMIN M PARSONS MEMBER-AT-LARGE	1 00	0	0	0

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
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	
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 outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ☐ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ LI YU Telephone no ☐ (301) 984-9496 Located at ☐ 11600 NEBEL STREET SUITE 201 ROCKVILLE, MD ZIP + 4 ☐ 208522557		
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)? If "Yes," enter the name of the foreign country ☐ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

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			2016-08-02 Date	
	WILLIAM G MATTHAEUS TREASURER Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name		Preparer's signature	Date	Check ☐ if self-employed PTIN
	Firm's name GELMAN ROSENBERG & FREEDMAN				Firm's EIN 52-1392008
	Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 208142930				Phone no (301) 951-9090
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

TY 2015 Compensation Explanation

Name: WISCONSIN ASSOCIATION OF HEMATOLOGY
AND ONCOLOGY INC

EIN: 39-1704503

Person Name	Explanation
ASSOCIATION OF COMMUNITY CANCER CENTERS	THE DAY-TO-DAY AFFAIRS OF THE ORGANIZATION ARE CONDUCTED BY A MANAGEMENT COMPANY, THE ASSOCIATION OF COMMUNITY CANCER CENTERS, AND THE COMPENSATION PAID TO THIS MANAGEMENT COMPANY IS DISCLOSED IN PART IV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization WISCONSIN ASSOCIATION OF HEMATOLOGY AND ONCOLOGY INC	Employer identification number 39-1704503
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 23
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CHAPTER DUES AMOUNT 1,575 DESCRIPTION INSURANCE AMOUNT 665 DESCRIPTION MISCELLANEOUS AMOUNT 704 DESCRIPTION MEETINGS AMOUNT 38,134 DESCRIPTION BANK CHARGES AMOUNT 524 DESCRIPTION TRAVEL AMOUNT 3 TOTAL TO FORM 990-EZ, LINE 16 41,605
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,150 END OF YEAR AMOUNT 1,150
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 15,663 END OF YEAR AMOUNT 12,650 DESCRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 42,000 END OF YEAR AMOUNT 44,000
FORM 990-EZ, PART V, LINE 35	INCOME REPORTED ON PART I, LINE 2 IS FROM MEETINGS TO DISCUSS TOPICS RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE