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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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 1801 RESEARCH BLVD NO 400

City or town, state or province, country, and ZIP or foreign postal code
ROCKVILLE, MD 20850

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 . . . . . ▶ $ 160,424

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	42,250
	3	Membership dues and assessments	3	6,150
	4	Investment income	4	24
	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	160,424
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	97,008
	13	Professional fees and other payments to independent contractors	13	1,100
	14	Occupancy, rent, utilities, and maintenance	14	222
	15	Printing, publications, postage, and shipping	15	184
	16	Other expenses (describe in Schedule O)	16	55,939
	17	**Total expenses.** Add lines 10 through 16 ▶	17	155,453
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,971
	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	171,427
	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	176,398

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	226,927	22	213,889
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,150	24	2,452
25 **Total assets**	228,077	25	216,341
26 **Total liabilities** (describe in Schedule O)	56,650	26	39,943
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	171,427	27	176,398

Part III **Statement 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 . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

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	97,008	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	Yes	
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 sections4912, 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 ▶ SARA WEBER Telephone no ▶ (301) 984-9496 Located at ▶ 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD ZIP + 4 ▶ 20850			
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		No
	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)**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	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			
			Yes	No
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? If "Yes," Form 990 must be completed instead of Form 990-EZ	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? *If "No," provide an explanation in Schedule O*	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 — 2017-07-06 Date

WILLIAM G MATTHAEUS TREASURER Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ 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**

Additional Data

Software ID:

Software Version:

EIN: 39-1704503

Name: WISCONSIN ASSOCIATION OF HEMATOLOGY AND ONCOLOGY INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 - ORGANIZED A SUCCESSFUL ANNUAL 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 AND NEW TREATMENT REGIMENS - AWARDED TWO TRAVEL AWARDS TO WISCONSIN FELLOWS WHO ATTENDED NATIONAL ONCOLOGY CONFERENCES TO FURTHER THEIR EDUCATION - HOSTED A FELLOWS CAREER SYMPOSIUM IN JANUARY 2017 TO SUPPORT FELLOWS' TRANSITIONS TO INDEPENDENT PRACTICE - PROVIDED TIMELY AND VALUABLE EDUCATIONAL RESOURCES TO MEMBERS AND PRACTICES ACROSS WI THROUGH CO-SPONSORSHIP OF THE STATE SOCIETY EDUCATION SERIES - SUPPORTED THE WISCONSIN MEDICAL SOCIETY "DOCTOR DAY 2016" THAT TOOK PLACE IN MARCH - CO-SPONSORED A WELL-ATTENDED ASCO REVIEW IN MILWAUKEE WITH AURORA HEALTHCARE-WHICH OFFERED CE CREDITS-FOR THE SECOND YEAR - HOSTED A RECEPTION TO RECOGNIZE OUR PLATINUM CORPORATE MEMBERS, WHICH INCLUDED A PIPELINE TALK FROM EACH COMPANY - COLLABORATED WITH THE MEDICAL COLLEGE OF WISCONSIN AND UNIVERSITY OF WISCONSIN'S CARBONE CANCER CENTER TO HOST THE SECOND ANNUAL WISCONSIN REVIEW OF THE SAN ANTONIO BREAST CANCER SYMPOSIUM IN JANUARY 2017 - PROVIDED FUNDING FOR ASCO'S YOUNG INVESTIGATOR AWARD TO HELP PROMOTE EXCELLENCE IN ONCOLOGY RESEARCH - CONTINUED TO BE AN INFORMATIONAL RESOURCE FOR MULTIDISCIPLINARY CANCER CARE TEAMS IN WI THROUGH REGULAR DISSEMINATION OF ONCOLOGY NEWS AND HEALTHCARE POLICY UPDATES THROUGH THE WEBSITE AND E-NEWSLETTER - NOMINATED A CURRENT WAHO MEMBER TO SERVE ON A CMS TECHNICAL EXPERT PANEL (TEP) FOR THE ONCOLOGY CARE MODEL (OCM) - SUBMITTED COMMENTS REGARDING THE CMS MACRA RULE, OPPS AND PFS RULES, AND THE ICER METHODOLOGY FOR VALUE ASSESSMENTS OF ONCOLOGY DRUGS - DEVELOPED ROBUST EDUCATIONAL AND ADVOCACY SUPPORT FOR MEMBERS PARTICIPATING IN THE ONCOLOGY CARE MODEL (OCM) THROUGH THE ACCC ONCOLOGY CARE MODEL COLLABORATIVE, INCLUDING WORKSHOPS, CALLS, AND ADVOCATING ON BEHALF OF THE OCM PRACTICES WITH CMMI - PROVIDED MEMBERS EDUCATIONAL OPPORTUNITIES UNDER MEDICARE'S NEW QUALITY PAYMENT PROGRAM (CREATED BY MACRA) THROUGH WEBINARS, CALLS, AND MEETINGS (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	0

TY 2016 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

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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

2016

Open to Public Inspection

Name of the organization
WISCONSIN ASSOCIATION OF HEMATOLOGY AND ONCOLOGY INC

Employer identification number
39-1704503

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 24

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CHAPTER DUES AMOUNT 1,575 DESCRIPTION INSURANCE AMOUNT 665 DESCRIPTION MISCELLANEOUS AMOUNT 932 DESCRIPTION MEETINGS AMOUNT 52,156 DESCRIPTION SUPPLIES AMOUNT 7 DESCRIPTION BANK CHARGES AMOUNT 547 DESCRIPTION TRAVEL AMOUNT 57 TOTAL TO FORM 990-EZ, LINE 16 55,939

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,150 END OF YEAR AMOUNT 2,452

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 12,650 END OF YEAR AMOUNT 6,793 DES CRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 44,000 END OF YEAR AMOUNT 33,150

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART V, LINE 34	THE BY-LAWS HAVE BEEN UPDATED TO REVISE CLASSES AND PRIVILEGES OF MEMBERSHIP THE CHANGE I S AS FOLLOWS FIVE PHYSICIANS IN A HEALTHCARE INSTITUTION (HOSPITAL OR ACADEMIC) OR GROUP PRACTICE WHO MEET THE REQUIREMENT OF REGULAR MEMBERSHIP QUALIFY FOR GROUP MEMBERSHIP ANY ADDITIONAL PHYSICIANS IN THE GROUP, WHO MEET THE REGULAR MEMBERSHIP REQUIREMENTS, MAY THEN JOIN THE SOCIETY AT A REDUCED MEMBERSHIP RATE ESTABLISHED BY THE BOARD OF DIRECTORS EACH GROUP MAY ENROLL UP TO FIVE SUPPORT (NONPHYSICIAN STAFF WITH EACH PHYSICIAN AS ASSOCIATE MEMBERS ALL DUES-PAYING PHYSICIANS IN A GROUP MEMBERSHIP ARE ALLOWED TO HOLD OFFICE, VOTE , ATTEND SOCIETY MEETINGS AND CONFERENCES, AND RECEIVE ALL MAILINGS ANY GROUP THAT IS ALS O A CANCER PROGRAM MEMBER OF ACCC MAY ADD AN UNLIMITED NUMBER OF ASSOCIATE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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