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efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 01-01-2011

C Name of organization

As Filed Data -

DLN: 93492166002082

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

**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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

, and ending 12-31-2011

**Open to Public Inspection** 

T <sub>AC</sub>	ldress o	04 202000	2020001			
Name change  Number and street (or P O box, if mail is not delivered to street ad		Number and street (or P O box, if mail is not delivered to street address) Room/suite	04-383999: E Telephone r			
	Initial return 65 HIGH RIDGE ROAD PMB 275			(203) 674-0747		
	Terminated  City or town, state or country, and ZIP + 4  Figure 2  Figure 2  Figure 3  Figure 4  Figure 3  Figure 4  Figure 4					
_	Allielided letuili			F Group Exemption Number ►		
<u> </u>	рисанс	on pending				
		required t	o attach S	organization is <b>not</b> chedule B , or 990-PF)		
J Tax	-Exemp	pt status(check only one)— 501(c)(3) 501(c)(6) ◀(insert no ) 4947(a)(1) or 527				
norm	nally <b>n</b>	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization of the more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pas) But if the organization chooses to file a return, be sure to file a complete return				
L Add more,		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, line 2 Form 990 instead of Form 990-EZ	25, column (B	) below) are \$500,000 or		
Pa	rt I	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the ins Check if the organization used Schedule O to respond to any question in this Part I		or Part I)		
	1	Contributions, gifts, grants, and similar amounts received	1			
	2	Program service revenue including government fees and contracts	2	52,472		
	3	Membership dues and assessments	3	52,075		
	4	Investment income	4	21		
	5a	Gross amount from sale of assets other than inventory 5a				
ille	b	Less cost or other basis and sales expenses 5b				
Revenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
Бe	6	Gaming and fundraising events				
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)				
	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)				
		\ <u>\</u>				
		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)	) <b>6d</b>			
	7a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule O)	8	101560		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,568		
	10	Grants and similar amounts paid (list in Schedule O)	10			
	11	Benefits paid to or for members	11			
Expenses	12	Salaries, other compensation, and employee benefits	12			
	13	Professional fees and other payments to independent contractors	. 13	37,673		
	14	Occupancy, rent, utilities, and maintenance	. 14			
	15	Printing, publications, postage, and shipping	15	1,107		
	16	Other expenses (describe in Schedule O)	16	59,917		
	17	Total expenses. Add lines 10 through 16	17	98,697		
9	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	5,871		
5 S T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with				
NetAss		end-of-year figure reported on prior year's return)	19	49,098		
	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	54,969		

					r age <b>a</b>
Part II Balance Sheets Check if the organization use	d Schedule O to respond to	any question in this	Part II		
encek if the organization ase	a seriedate o to respond to	any question in tins	Tulcii i i i	•	,
(See the instru	ctions for Part II )	[ ·	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		[	49,09	8 22	54,969
23 Land and buildings				23	
24 Other assets (describe in Schedule C	))			24	
25 Total assets		$ extstyle  ag{7}$	49,09	8 <b>25</b>	54,969
26 Total liabilities (describe in Schedule	.0)		1	0 26	0
27 Net assets or fund balances (line 27	of column (B) <b>must</b> agree wit	th line 21)	49,09	8 27	54,969
Check if the organization use	ed Schedule O to respond to		Part III . 🔽		Expenses equired for section 501 (3) and 501(c)(4)
What is the organization's primary exemptor TO ADVANCE EDUCATION AND RESEA		OFESSION		org	janizations and section
Describe the organization's program servi measured by expenses In a clear and con benefited, and other relevant information f	ce accomplishments for eac ncise manner, describe the s	h of its three larges	• •		47(a)(1) trusts, cional for others)
<b>28</b> ANNUAL MEETING/PROGRAMS - CO PROFESSION REGARDING MEDICAL A	DVANCES AND RESEARCH	I			
(Grants \$ 0) If th	nis amount includes foreign o	grants, check here	<u> ▶ ┌ </u>	28a	39,061
30	nis amount includes foreign on the second of		,	29a 30a	
<b>31</b> Other program services (describe in S (Grants \$ )	chedule O) nis amount includes foreign ç	grants, check here	. 1. 1. 1. 1. 1.	31a	
32 Total program service expenses (add li			▶	32	39,061
Part IV List of Officers, Directors, Tr				structio	ns for Part IV )
Check if the organization use					]
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensatio (If not paid, enter -0)	n (d) Contributio employee benefit deferred compen	plans 8	(e) Expense A account and other allowances
JUAN SANCHEZ MD FACS 56 FRANKLIN STREET WATERBURY, CT 06706	PRESIDENT 0 00		0	0	0
KATHLEEN LAVORGNA MD FACS 314 RIDGEFIELD RD RIDGEFIELD,CT 06897	V PRESIDENT 0 00		0	0	0
MICHAEL DEREN MD FACS 125 SHAW STREET NEW LONDON, CT 06320	SEC/TREAS 0 00		0	0	0

Form	990-EZ (2011)			Page
Pa	rt V Other Information (Note the 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 cop of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income of Form 990-T	n		
a	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 <b>Form 990-T</b> 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	g <b>36</b>		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions F	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 <b>or</b> 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
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations. Enter	$\dashv$		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	$\dashv$		
	, , , , , , , , , , , , , , , , , , , ,	$\dashv$		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 -, section 4912 -, section 4955 -, section 4955			
b	Section $501(c)(3)$ and $501(c)(4)$ 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		<u> </u>
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	- 📙		
	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	<u></u>	No
	List the states with which a copy of this return is filed	- /26		0747
42a	The organization's books are in care of TASIK FINANCIAL STRATEGIES LLC  Telephone not the control of the care of Tasik Financial Strategies LLC	o 🗭 <u>(20</u>	13)6/4	-0/4/
	65 HIGH RIDGE ROAD PMB 275  Located at STAMFORD, CT ZIP + 4	<b>&gt;</b> 0	6905	
D	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	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of 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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	• •	<b>▶</b>
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44a		No
Ь	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-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	n		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		
		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		

Part VI Section 501 (c) 3 organizations and section 4947(a)(1) nonexempt charitable trusts only.  All section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must arriver questions.  An 490 and 52 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must arriver questions.  An 490 and 52 (c)(3) organization and section 4947(a)(1) nonexempt charitable trusts must arriver questions.  An 490 and 52 (c)(3) organization used 5 chedule 0 to respond to any question in the Part VI.  Vex No.  10 of the organization engage in lobbying activations on have a section 501(t) electron in effect during the lax year?  40 In the organization as school described in section 170(a)(1)(A)(a)(i)? If "Yes," complete 5chedule c 4 december 50 (c) and the organization as chool described in section 170(a)(1)(A)(a)(i)? If "Yes," complete 5chedule c 4 december 50 (c) and the organization as chool described in section 52 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directions, transfer and key employees) who ach received more than 3 (c) and proper section from the organization of the organization of the first properties of the properties of the organization	Form 990-l	EZ (2011)							Page <b>4</b>
Part VI Scientification 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49 and 52.  Check if the organization used Schedule 0 to respond to any question in the Part VI								Yes	No
Section 501L(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501c(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All 505 and 52. Check if the organization used Schedule 0 to respond to any question in this Part V1.   Yes   No.					on behalf of or ır	opposition to	46		N <sub>O</sub>
All section 50(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.  Check fishe organization used Schedule 0 to respond to any question in this Part VI  Types, Complete Schedule C, Part II  Dirives, Complete Schedule C, Part II  Dirive	Part VI	Section 501(c)(3) orga	nizations and sec	ction 4947(a)(1) i	nonexempt o	haritable tru		nly.	
Check if the organization used Schedule O to respond to any question in this Part VI  Ves No  17 Did the organization ergage in lobbying activities or have a section 501(h) election in effect during the tax year?  47 47 47 47 47 47 47 47 47 47 47 47 47 4		All section 501(c)(3) organ			-			_	stions
Vest   No.			l Schedule O to respor	nd to any question in th	his Part VI .				
If Yes, complete Schedule C, Part II  48 Is the organization a school described in section 170 (s)(1)(A)(n)? If Yes, "complete Schedule E  49 Did the organization make any transfers to an exempting-chantable related organization?  40 Did the organization make any transfers to an exempting-chantable related organization?  50 Complete this table for the organization is section 527 organization?  61 Name and address of each employee paid more than \$10,000 of compensation from the organization II filters is none, enter Name  62 Name and address of each employee paid more than \$100,000  63 Name and address of each employee paid more than \$100,000  64 Total number of other employees paid ever \$100,000  65 Compensation of other employees paid ever \$100,000  66 Total number of other employees paid ever \$100,000  67 Total number of other employees paid ever \$100,000  68 Total number of other employees paid ever \$100,000  69 Name and address of each independent contractor paid more than \$100,000  60 Type of service  60 Compensation from the organization if there is none, enter Name  60 Organization from the organization if there is none, enter Name  60 Organization from the organization if there is none, enter Name  61 Organization from the organization if there is none, enter Name  62 Organization from the organization if there is none, enter Name  62 Organization from the organization if there is none, enter Name  63 Organization from the organization if there is none, enter Name  64 Organization from the organization if there is none, enter Name  65 Organization from the organization if there is none, enter Name  66 Organization from the organization organization if there is none, enter Name  67 Organization from the organization if there is none, enter Name  68 Organization from the organization if there is none, enter Name  69 Organization from the organization if there is none, enter Name  69 Organization from the organization is none in the enterty of the organization is none in the enterty of the organization is				, 4				Yes	No
If Yes, complete Schedule C, Part II  48 Is the organization a school described in section 170 (s)(1)(A)(n)? If Yes, "complete Schedule E  49 Did the organization make any transfers to an exempting-chantable related organization?  40 Did the organization make any transfers to an exempting-chantable related organization?  50 Complete this table for the organization is section 527 organization?  61 Name and address of each employee paid more than \$10,000 of compensation from the organization II filters is none, enter Name  62 Name and address of each employee paid more than \$100,000  63 Name and address of each employee paid more than \$100,000  64 Total number of other employees paid ever \$100,000  65 Compensation of other employees paid ever \$100,000  66 Total number of other employees paid ever \$100,000  67 Total number of other employees paid ever \$100,000  68 Total number of other employees paid ever \$100,000  69 Name and address of each independent contractor paid more than \$100,000  60 Type of service  60 Compensation from the organization if there is none, enter Name  60 Organization from the organization if there is none, enter Name  60 Organization from the organization if there is none, enter Name  61 Organization from the organization if there is none, enter Name  62 Organization from the organization if there is none, enter Name  62 Organization from the organization if there is none, enter Name  63 Organization from the organization if there is none, enter Name  64 Organization from the organization if there is none, enter Name  65 Organization from the organization if there is none, enter Name  66 Organization from the organization organization if there is none, enter Name  67 Organization from the organization if there is none, enter Name  68 Organization from the organization if there is none, enter Name  69 Organization from the organization if there is none, enter Name  69 Organization from the organization is none in the enterty of the organization is none in the enterty of the organization is	<b>47</b> Did H	ne organization engage in Johhvir	og activities or have a	saction 501(h) alactic	on in effect durin	a the tay year?			
393 In the organization is exclusively an exempt non-characteristic related organization?  496				section 501(ii) election	on in ellect durin	g the tax year.	47		
bill in the originization interest by description contractors and exception contractors and property to the contractors and property of the contractors and the contra	<b>48</b> Is the	e organization a school described	d ın section 170(b)(1)	(A)(II)? If "Yes," comple	ete Schedule E		48		
b If "ves," was the related organization a section 527 organization?  50 Complete this table for the organization? five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization of fithere is none, enter "No every house and address of each employee house preveet devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided devoted to position of the part of the relative provided provided provided the part of the relative provided provi	<b>49a</b> Did th	he organization make any transfe	ers to an exempt non-c	charitable related orgai	nızatıon?		49a		
Complete this table for the organization is five highest compensated employees (other than officers, directors, triustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is some, enter "None" (a) Name and address of each employee (b) Trite and average paid more than \$100,000 of the organization is the paid of	<b>b</b> If "Ye	es." was the related organization	a section 527 organiz	zation?			49b		
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each employee paid over \$100,000  Total number of other employees paid over \$100,000  Total number of other employees paid over \$100,000  Compensation  Total number of other employees paid over \$100,000  Compensation  Total number of other employees paid over \$100,000  Total number of other			-		thar than officar	s directors true	toos	nd kov	
d Total number of other employees paid over \$100,000 . ▶  Total number of other employees paid over \$100,000 . ▶  Complete this table for the organization is 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization if there is none, enter "None"  (b) Type of service (c) Compensation from the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization in the result of the present									
devoted to position   deferred compansation   other allowances      Total number of other employees paid over \$100,000				- I			-	-	
Complete this table for the organization if there is none, enter "None "  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Types   No index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which prepare has any nowledge.    Signature of officer   Date   Check if self-cuployed), address, and ZIP + 4   Type or print name and title	pa	ıd more than \$100,000		1 7 7 1	1 ' '	•			
Complete this table for the organization if there is none, enter "None "  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Types   No index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which prepare has any nowledge.    Signature of officer   Date   Check if self-cuployed), address, and ZIP + 4   Type or print name and title									
Complete this table for the organization if there is none, enter "None "  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Types   No index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which prepare has any nowledge.    Signature of officer   Date   Check if self-cuployed), address, and ZIP + 4   Type or print name and title									
Complete this table for the organization if there is none, enter "None "  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Types   No index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which prepare has any nowledge.    Signature of officer   Date   Check if self-cuployed), address, and ZIP + 4   Type or print name and title									
Complete this table for the organization if there is none, enter "None "  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Types   No index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which prepare has any nowledge.    Signature of officer   Date   Check if self-cuployed), address, and ZIP + 4   Type or print name and title									
Complete this table for the organization if there is none, enter "None "  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A ? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Types   No index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which prepare has any nowledge.    Signature of officer   Date   Check if self-cuployed), address, and ZIP + 4   Type or print name and title									
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Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	of cor	mpensation from the organizatior	n If there is none, ente	er "None "					•
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
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Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any nowledge.	<b>52</b> Did	the organization complete Sche	dule A? <b>NOTE:</b> All Sec	ction 501(c)(3) organiz					
*******   2012-05-10	mu	st attach a completed Schedule	A				, ,	fes	No
Signature of officer  JUAN SANCHEZ PRESIDENT  Type or print name and title  Preparer's signature  NICHOLAS DUBIAGO  Preparer's signature  NICHOLAS DUBIAGO  Preparer's higher properties of ficer  VAN BRUNT DUBIAGO & COMPANY LLC first self-employed, address, and ZIP + 4  STAMFORD, CT 069055534  Date  Check if self-employed   Preparer's taxpayer identification number (See instructions) P00856551  EIN   06-0881630  Phone no   (203) 359-0700									
Signature of officer  JUAN SANCHEZ PRESIDENT  Type or print name and title  Preparer's signature  NICHOLAS DUBIAGO  Preparer's signature  NICHOLAS DUBIAGO  Preparer's signature  NICHOLAS DUBIAGO  Preparer's signature  NICHOLAS DUBIAGO  Preparer's taxpayer identification number (See instructions) P00856551  EIN  66-0881630  Phone no  (203) 359-0700		<b>.</b>							
Preparer's signature NICHOLAS DUBIAGO  Preparer's taxpayer identification number (See instructions) P00856551  EIN • 06-0881630  Phone no • (203) 359-0700	Sign	I							
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Paid  Preparer's   Signature   NICHOLAS DUBIAGO   Self-employed   Self-employe		Type or print name and title		Τ	T	Τ	-		
Preparer's   Firm's name (or yours   self-employed), address, and ZIP + 4   STAMFORD, CT 069055534   STAMFORD, CT 069055534   P00856551   P0085651   P00856551   P0085651   P	Daid			Date	self-	(See instructions)		ıfıcatıon ı	number
If self-employed),   address, and ZIP + 4   1100 SUMMER STREET   2010 STAMFORD, CT 069055534   EIN ▶ 06-0881630   Phone no ▶ (203) 359-0700   EIN ▶ 06-0881630   Phone no ▶ (203) 359-0700   Phone no ▶ (203) 359-0700   EIN ▶ 06-0881630   Phone no ▶ (203) 359-0700   Phone no ▶ (203		<b>,</b>	employed • P00856551						
address, and ZIP + 4	Use Only	ıf self-employed),					30		
	•	,				Phone no 🕨 (20	03) 359-	0700	
	May the IR:			See instructions		<u>.</u> ▶		es Γ	No

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 04-3839991

Name: CONNECTICUT CHAPTER OF THE AMERICAN

COLLEGE OF SURGEONS PROFESSIONAL ASSOC

Form 990-EZ, Special Condition Description:

**Special Condition Description** 

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492166002082

OMB No 1545-0047

2011

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization CONNECTICUT CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOC

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

04-3839991

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	WAMU SAVINGS 21
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ANNUAL MEETING/PROGRAMS AMOUNT 39,061 DESCRIPTION TRAVEL AMOUNT 15,677 DESCRIPTION OFFICE EXPENSE AMOUNT 3,856 DESCRIPTION BANK CHARGES AMOUNT 219 DESCRIPTION WEB HOSTING AMOUNT 604 DESCRIPTION SCHOLARSHIPS AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 16 59,917

## **TY 2011 Transfers Personal Benefits Contracts Declaration**

Name: CONNECTICUT CHAPTER OF THE AMERICAN

COLLEGE OF SURGEONS PROFESSIONAL ASSOC

**EIN:** 04-3839991

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.