EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	A F	or th	e 2018 calendar year, or tax year beginning and end	ding			
	Вс	heck if	C Name of organization		D Employer identific	cation number	
		Addre	waterbury medical association				
		Name chang			06-6025659		
		Initial return	Number and street (or P.U. box if mail is not delivered to street address) Hoo	om/suite	E Telephone number	r	
		Final	1 REGENCY DRIVE, P.O. BOX 30		(860)243-3977	
	_	term:	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	54,538.	
	느	Amen return Appla	BLOOMFIELD, CI 00002		H(a) Is this a group re		
	_	Ition pendi	F Name and address of principal officer MARI 10ROSE		for subordinates		
			SAME AS C ABOVE	EA	H(b) Are all subordinates in		
			empt status: 501(c)(3)X_ 501(c)(6) < (insert no.) 4947(a)(1) or te: ► N/A		ir "No," aπach a H(c) Group exemption	list (see instructions)	
				L Year o		State of legal domicile: CT	
		πI	Summary	1 - 100.	,	, otato or regar dormono, o 2	
		1	Briefly describe the organization's mission or most significant activities THE PUI	RPOS	E OF THE AS	SOCIATION	
	Activities & Governance		IS TO DEVISE AND EFFECT MEASURES FOR THE SO	CIEN'	TIFIC AND E	DUCATIONAL	
	ř	2	Check this box If the organization discontinued its operations or disposed	of more	than 25% of its net as	sets.	
	Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12	
	8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12	
	ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0	
	ξ	6	Total number of volunteers (estimate if necessary)		6	12	
	₹		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
4 2019			Net unrelated business taxable income from Form 990-T, line 38	1	7b Prior Year	Current Year	
		8	Contributions and grants (Part VIII, line 1h)		0.	0.	
4	ğ	9	Program service revenue (Part VIII, line 2g)		17,960.	19,790.	
$\overline{}$	Revenue		Investment income (Part VIII, column (A) lines 3, 4 land 7d) 2 2010		32,008.	34,748.	
AUG	"		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
A		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,968.	54,538.	
Ω		13	Grants and similar amounts paid (Part IX, column (A), lines 1.3)		0.	0.	
SCANNED		14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.	
Ž	ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.	
S	Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.	
တွ	Ä		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	∸	47,529.	52,130.	
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	\vdash	47,529.	52,130.	
		19	Revenue less expenses Subtract line 18 from line 12	—	2,439.	2,408.	
	Seq			Beg	inning of Current Year	End of Year	
	Assets Balan	20	Total assets (Part X, line 16)		1,631,336.	1,509,546.	
	d As	21	Total liabilities (Part X, line 26)		7,800.	4,600.	
	Pund	22	Net assets or fund balances Subtract line 21 from line 20		1,623,536.	1,504,946.	
		rt II	- Mary 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
			alties of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is	
	true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer l	has any knowledge.		
	C:		Signature of officer		Date //9		
	Sign Here		MARY YOKOSE, EXECUTIVE DIRECTOR		/		
	ner	-	Type or print name and title				
			Print/Type preparer's name Preparer's signature		ate Check	PTIN	
	Paid		LORI BUDNICK LORI BUDNICK	0	6/02/19 self-employe	P00046310 -	
	Prep	arer		A'S	Firm's EIN	06-1009205	
	Use	Only	Firm's address 29 S. MAIN STREET, P.O. BOX 272000	0			
			WEST HARTFORD, CT 06127-2000		Phone no.86		
	_		RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
	00000		21-18 I HA For Panerwork Reduction Act Notice see the senarate instructions			Form 990 (2018)	

			Page 2
t III Statement of Program Service Accomplishments			_
Check if Schedule O contains a response or note to any line in this Part III			<u></u>
Briefly describe the organization's mission:			
ADVANCEMENT OF THE MEMBERS OF SAID ORGANIZATION, AN	D TO PROM	OTE A G	OOD
UNDERSTANDING AND HARMONIOUS RELATIONSHIP AMONG THE	MEMBERS,	AND TO	
AID THE DEVELOPMENT OF BETTER HEALTH IN THE COMMUNI	TY.		
Did the organization undertake any significant program services during the year which were not listed	on the		
		□ Vas	X No
•			
			X No
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	services?	tes	LAL NO
•			
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the to	otal expenses,	and
) (Revenue \$	19,	790.
THE ASSOCIATION WORKED FOR THE SCIENTIFIC AND EDUCA	TIONAL AL	VANCEME	NT
OF ITS MEMBERS, PROMOTED A GOOD UNDERSTANDING AND H	ARMONIOUS	, ,	
RELATIONSHIP AMONG THE MEMBERS, AND AIDED THE DEVEL	OPMENT OF	BETTER	
HEALTH IN THE COMMUNITY THROUGH VARIOUS MEETINGS AN	D PROGRAM	IS.	
			-
<u></u>		- 4.	
(Code) (Expenses \$ including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·	,
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· ***			
(Code) (Expenses \$ uncluding grants of \$) (Revenue \$,
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0)			
(Expenses \$ including grants of \$) (Revenue \$)	
	Briefly describe the organization's mission' TO DEVISE AND EFFECT MEASURES FOR THE SCIENTIFIC ADVANCEMENT OF THE MEMBERS OF SAID ORGANIZATION, AN UNDERSTANDING AND HARMONIOUS RELATIONSHIP AMONG THE AID THE DEVELOPMENT OF BETTER HEALTH IN THE COMMUNI Did the organization undertake any significant program services during the year which were not listed prior form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program is if "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service to report the amount of grants and allocation revenue, if any, for each program service reported (Code) (Expenses \$ including grants of \$ including g	Bnefty describe the organization's mission: TO DEVISE AND EFFECT MEASURES FOR THE SCIENTIFIC AND EDUCA ADVANCEMENT OF THE MEMBERS OF SAID ORGANIZATION, AND TO PROM UNDERSTANDING AND HARMONIOUS RELATIONSHIP AMONG THE MEMBERS, AID THE DEVELOPMENT OF BETTER HEALTH IN THE COMMUNITY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-62? If Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the to revenue, if any, for each program service accomplishments for each of its three largest program services, as measure (Sook) (Syspenses) (Revenue 3) (Revenue 3) Program services (Sook) (Syspenses) (Revenue 3) (Revenue 3) Program services (Sook) (Syspenses) (Revenue 3) Program services (Sook) (Syspenses) (Revenue 3) Program services (Sook) (Syspenses) (Revenue 3) Program services (Sook) (Syspenses) (Revenue 3) Program services (Sook) (Syspenses) (Revenue 3) Program services (Sook) (Revenue 3) Program services (Revenue 4) Program services (Revenue 4)	Brefly describe the organization's mission. TO DEVISE AND EFFECT MEASURES FOR THE SCIENTIFIC AND EDUCATIONAL ADVANCEMENT OF THE MEMBERS OF SAID ORGANIZATION, AND TO PROMOTE A GUNDERSTANDING AND HARMONIOUS RELATIONSHIP AMONG THE MEMBERS, AND TO ALD THE DEVELOPMENT OF BETTER HEALTH IN THE COMMUNITY. Did the organization undertake any significant program services during the year which were not listed on the prior from \$90 or 900-E2? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section \$51(6)3 and \$50(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses Section \$51(6)3 and \$50(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported (code) (September 1) (September 2) (S

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_		
_	If "Yes," complete Schedule A	1	-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	-	
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
L	Part VI	11a		<u> </u>
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		.]	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>x</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	i	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	445		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>	\dashv	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ļ	<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000 (X

		6025659) P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ı		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ne		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K If "No," go to line 25a	24a	ļ	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		ŀ	
	any tax-exempt bonds?	24c	-	┢
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	├	├
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	-		
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		┢
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		\Box
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	L	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	/ <u>28b</u>	ļ	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	cer,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	↓	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ŀ		,,
	contributions? If "Yes," complete Schedule M	30	├	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	x
20	If "Yes," complete Schedule N, Part I	31		┝┻
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	1	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		\vdash
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ion?	ŀ	l
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		3.5	l
Da	Note. All Form 990 filers are required to complete Schedule O	38	Х	L
Га	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shown of concount of contains a response of note to any line in this Fall V		V	ليا
4	Enter the number reported in Box 3 of Form 1006. Enter 0 of not applicable	0	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	─ ┤		
J	(gambling) winnings to prize winners?	1c		

Form **990** (2018)

	1990 (2018) WATERBORT MEDICAL ASSOCIATION 06-602	2029	<u> </u>	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_		7	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	n 71.7	7 3	
	filed for the calendar year ending with or within the year covered by this return	0	. tar', r'E	سنط التحت
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	47.13	C.Oler
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 -	 ^
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	├	├
4a	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)?	4a	്ങ്ക്	X I implies
ь	If "Yes," enter the name of the foreign country		3-, 'C	(m-1)
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	2	i. ji	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	X
b	, , ,	5b	—	Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	—	├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a	—	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	E. se de	
7	Organizations that may receive deductible contributions under section 170(c).	- 14 A	(3) 73 74 ₂	128.4
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			↓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	72.72.	1 3
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	基础	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	₩	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	⊢	—
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'		10.173	Carter of i
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	17.5		200
_	sponsoring organization have excess business holdings at any time during the year?	8	E-133	"爨 "
9	Sponsoring organizations maintaining donor advised funds.	الله الله الله الله الله الله الله الله	أَصِّلُ عُمِينًا	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	├	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1 1 ¹	Care 1
10	Section 501(c)(7) organizations. Enter.	124	和增	A PAY
	Initiation fees and capital contributions included on Part VIII, line 12	一黨級	Daily.	100
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.	7		
a	Gross income from members or shareholders 11a	一葉粉		
D	Gross income from other sources (Do not net amounts due or paid to other sources against	127	F.Á	
10-	amounts due or received from them) Section 4047(-V4) and experience the section of the form the section of the form the section of the secti	-	أدتعدتنا	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	شديد	- 012 m - 1
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified popposit health incurance issuers		94364	12 M
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	أد المحدد و	178534
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	44 44%	Parish and
L	Note. See the instructions for additional information the organization must report on Schedule O			146
b	Enter the amount of reserves the organization is required to maintain by the states in which the		411114 HE	
_	organization is licensed to issue qualified health plans Enter the amount of receives on hand		mij.	牌
	Enter the amount of reserves on hand Did the example for indeed topping convices during the tax year?	1,2,1 1,2	2 ° 7° 1	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	┢┸
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	\vdash	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15 (\$65%	> <u>/</u>	A Lead-lie
46	If "Yes," see instructions and file Form 4720, Schedule N	شننش	نشعث ا	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_ A

If "Yes," complete Form 4720, Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions					
	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 12	2	ľ			
	If there are material differences in voting rights among members of the governing body, or if the governing	1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 12	2	1			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1				
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1				
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	\vdash	X		
6	Did the organization have members or stockholders?	6	x			
_	•	-	-^-	_		
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		x			
_	more members of the governing body?	7a	 ^	 		
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	İ			
	persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?	8a	X	-		
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)					
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		х		
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990					
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1				
	ın Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13		Х		
14	Did the organization have a written document retention and destruction policy?	14		Х		
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		Х		
b	Other officers or key employees of the organization	15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l				
	exempt status with respect to such arrangements?	16b		-		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only	availa	able		
	for public inspection Indicate how you made these available Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial			
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	S&S MANAGEMENT - 860-243-3977					
	1 REGENCY DRIVE, P.O. BOX 30, BLOOMFIELD, CT 06002					
						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons.

Name and Title Average hours per week (list any hours for related organizations)	Check this box if neither the organization (A)	(B)	(C)					, 13a	(D)	(E)	(F)
Nours per Week (list any hours for related organizations Security S	• •	1	1	Position		1		1		(F) Estimated	
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Form **990** (2018)

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	est Compensated Employees (continued)					
. (A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average		Pos (do not check			than		Reportable	Reportable	1	Estimate	∌d
	hours per week					is bot or/trus		compensation	compensation from related		amount	of
	(list any	Η.	T		Ī	Ī	Ι,	from		i i	other	
	hours for	lirecto	l		ļ	L		the organization	organization (W-2/1099-MIS		compensa from th	
	related	e or d	gg			sated		(W-2/1099-MISC)	(***2/1099*18113	"	organizat	
	organizations	Individual trustee or director	institutional trustee	l	, a	ad u		(17 27 1000 111100)			and relat	
	below	qual	eg.	<u>.</u>	e e	sst co	E				organizati	
	line)	Indiv	in SE	Officer	Key employee	Highest compensated employee	Former				•	
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4h Cub total	L		<u> </u>			<u> </u>	Ļ	0.		0.		0.
1b Sub-total	U C4: A							0.	·- <u>-</u>	0.		0.
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	at limited to the		links	I		-\			000 -1			<u> </u>
compensation from the organization	iot iiiriited to tii	1056	IISte	o ai	JUVE	e) WI	10 11	eceived more trian \$100	,000 or reportable	е		0
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director or to	ister	s ka	w en	nnlo	WAA	or	highest compensated ei	mployee on	Г	- 1.00	
line 1a? If "Yes," complete Schedule J for s		,5100	o, nc	, y C	iipio	ycc,	, 0.	riigilest compensated ei	iipioyee oii	ľ	3	X
4 For any individual listed on line 1a, is the su		le co	mn	ensa	ition	ano	d ot	her compensation from t	the organization	- 1		
and related organizations greater than \$15	,							•	ine organization	-	4	X
5 Did any person listed on line 1a receive or a									dual for services	ŀ	7	
rendered to the organization? If "Yes," com								organization of man.	000, 10, 00, 1,000	ľ	5	X
Section B. Independent Contractors	•											
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	that received more than	\$100,000 of com	pensa	ation from	
the organization. Report compensation for	the calendar y	ear e	endı	ng w	/ith	or w	thir	n the organization's tax y	ear			
(A)								(B)			(C)	
Name and business	address	NC	INC	<u> </u>				Description of s	ervices	Co	ompensatio	ก
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2 Total number of independent contractors (i	•	ot lir	nıte	d to			sted	d above) who received m	ore than			
\$100,000 of compensation from the organi	zation >				(,					200	
										r	50rm 990 /	10101

		`	Check if Schedule O conta	ains a respons	e or note to anv lir	ne in this Pa	rt VIII			
						(A) Total rev		(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	2 1 a Federated campaigns 1a							全国建筑经验	可是關於 建热道	
ran			Membership dues	1b						
Ω,Ë			Fundraising events	1c						
iifts ar A			Related organizations	1d						
E			-Government-grants-(contribute							
Sign			All other contributions, gifts, grant	′ 						
he ti	١.	•	similar amounts not included abov	1 1						表記書
Öğ.	١.	a'	Noncash contributions included in lines							
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f	1a-11 \$			38.00 M			
		<u></u>	Total Add miles fa fi		Business Code					
ø	2	2	MEMBERSHIP DUES		900099	11.	000.	11,000.		1.0.0.5
Program Service Revenue	-		SPECIAL EVENT I	NCOME	900099	8.	640.			· · · ·
		~	ANNUAL MEETING		900099	<u> </u>	150.	150.		
E S	İ	ч				,				,
PA		6			-					<u> </u>
Ę		f	All other program service rever	nue						
			Total. Add lines 2a-2f			19,	790.			
	3		Investment income (including	dividends, inte						·
			other similar amounts)	•	•	34,	748.			34,748.
	4		Income from investment of tax	exempt bond	proceeds >					
	5		Royalties	·	•			-		
		•	•	(ı) Real	(ii) Personal					
	6	а	Gross rents							
	ŀ	b	Less rental expenses							
		С	Rental income or (loss)							
,			Net rental income or (loss)		_ ▶					' '-
	7		Gross amount from sales of	(i) Securities	(ii) Other				THE WEST	
			assets other than inventory							
		b	Less: cost or other basis		•					
			and sales expenses							
		С	Gain or (loss)							
		d	Net gain or (loss)	-		-				
<u>Φ</u>	8	а	Gross income from fundraising	g events (not	1		Nation			JOSEPH WARRY
evenue			including \$	of			in the second			
ě			contributions reported on line	1c). See						
F			Part IV, line 18	i	a					
Other R	,	b	Less. direct expenses		b		both			
٠,	١.		Net income or (loss) from fund	-		EQUIT RE 11 STREET	don's a se		Colle College, and in the college	mana, Takikana ca ay ay a
	9		Gross income from gaming ac	tivities See,	1					
	ļ		Part IV, line 19	;	a					
			Less direct expenses		b		建键数			
			Net income or (loss) from gam	-		1. 4.7	m 1 H2 L 1 G 11	NUT - 111 19 40 (46, X-24) - X61 7-909	TO TAKE OF THE PARTY OF THE PAR	, p
	10	а	Gross sales of inventory, less	returns						
			and allowances	;	a					
			Less: cost of goods sold		b					DESTRUCTION OF THE PARTY OF THE
	_	С	Net income or (loss) from sales			23033	Setting and	Simonoria area revelentare e statib	not 4 the other fit is program of the section	Samping the Minarchiping a little tage in
	Ļ		Miscellaneous Revenue	<u>e</u>	Business Code					
	11	а				 		·		
		b			<u> </u>	 			<u> </u>	
		C		·		 		 	<u> </u>	<u> </u>
•		d	All other revenue				I CONTRACTOR AND AND AND AND AND AND AND AND AND AND	Handber alakesa	THE BARBERA PROPERTY.	
	_ [Total. Add lines 11a-11d		▶	<u> </u>	538.	19,790.		34,748.
	12		Total revenue. See instructions		<u></u>	J. 34,	220.	13,/30.	0.	1 34,/40.

Pa	rt IX Statement of Functional Expens	ses			, Page 10
Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All ot	her organizations must o	complete column (A)	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a respo	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			· 理 (4) 第 2 · [2]	100
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	-	-		1. The state of th
	individuals See Part IV, line 22				李撰 等主题
3_	Grants.and.other.assistance.to.foreign			The state of the s	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			一种,这种是一种的	H
4	Benefits paid to or for members			3.4% 学术的 中国	Eligible of Figure 1. 1982.
5	Compensation of current officers, directors,				
	trustees, and key employees	<u> </u>	,		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				*
_	persons described in section 4958(c)(3)(B)		-		
7	Other salaries and wages . *		-		
8	Pension plan accruals and contributions (include		<u>'</u>		
_	section 401(k) and 403(b) employer contributions)		 	,	
. 9	Other employee benefits				
10	Payroll taxes				··· -
11 a	Fees for services (non-employees) Management	. 25,022.	•		,
b		. 43,022.	,	<u></u>	
c	· • · · · · · · · · · · · · · · · · · ·	2,250.	*		
ď		5,670.			·
. е	Professional fundraising services. See Part IV, line 17	2,0.00			
f	Investment management fees	-	ALEASTER WITH A COMMENTER	A to The Table of a Market Market How High	1 14
q					
J	column (A) amount, list line 11g expenses on Sch O.)	•			,
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	2,744.	_		·
. 14	Information technology				
15	Royalties		,		
16	Occupancy				
17	Travel	243.			`
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,073.			
20	Interest				
-21	Payments to affiliates	<u></u>			
22	Depreciation, depletion, and amortization	0.00	· · · · · · · · · · · · · · · · · · ·		
23	Insurance	980.	out deal and territory . This de-	service desire dix un a revie	ر خ المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
,	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.)	· · · · · · · · · · · · · · · · · · ·	今年1月1日 - 1911年 - 1911	N. ANSWERS OF THE PROPERTY OF	
a		•			
b				<u> </u>	
c					
ď	All other expenses	1,148.			
	Total functional expenses. Add lines 1 through 24e	52,130.		·	
25 26	Joint costs. Complete this line only if the organization	J2,130.			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	•			

		Check if Schedule O contains a response or no		_	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	32,090.	1	27,05		
	2	Savings and temporary cash investments			30,520.	2	40,05
ŀ	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for	ormer	officers, directors,			AL WALLEY
-		trustees; key employees, and highest compens	ated-e	mployees -Complete			
- 1		Part II of Schedule L	,			5	
	6	Loans and other receivables from other disquali	fied p	ersons (as defined under			
		section 4958(f)(1)), persons described in section					
١.		employers and sponsoring organizations of sections	Virtual Control of the Control of th				
		employees' beneficiary organizations (see instr).	•	6			
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	
-	9	Prepaid expenses and deferred charges	_			9	
1	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a			1	
	b	Less accumulated depreciation	10b	<u> </u>		10c	
1		Investments - publicly traded securities	1,568,726.	11	1,442,44		
1	12	Investments - other securities. See Part IV, line 1		12			
1	13	Investments - program-related See Part IV, line		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		15			
1	16	Total assets. Add lines 1 through 15 (must equa	1,631,336.	16	1,509,54		
1	17	Accounts payable and accrued expenses				17	
1	18	Grants payable		18			
1	19	Deferred revenue ´	7,800.	19	4,60		
2		Tax-exempt bond liabilities		20			
2	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	<u>'</u>
2	22	Loans and other payables to current and former	office	rs, directors, trustees,		抗酸	
ı		key employees, highest compensated employee	s, and	disqualified persons			
		Complete Part II of Schedule,L				22	
2	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23	
- 1		Unsecured notes and loans payable to unrelated		*		24	
2	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
١.		Schedule D				25	4-60
+2		Total liabilities. Add lines 17 through 25		. [37]	7,800.	26	4,60
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 💹 and			
		complete lines 27 through 29, and lines 33 an	d 34.		1 633 F36	ME28.2.2	
ł		Unrestricted net assets			1,623,536.	27	1,504,94
		Temporarily restricted net assets				28	
2		Permanently restricted net assets			THE THE PERSON OF THE PERSON O	29	ANGEL AND STREET,
1		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
		and complete lines 30 through 34.			是新月底点型新月高。 第	程則	
- 1		Capital stock or trust principal, or current funds				30	·
- 1		Paid in or capital surplus, or land, building, or eq			•	31	
- 1		Retained earnings, endowment, accumulated in	come,	or other funds	1 (0) 536	32	1 504 04
		Total net assets or fund balances			1,623,536.	33	1,504,940
1.3	14	Total liabilities and net assets/fund balances			1,631,336.	34	1,509,540

Form	990 (2018) WATERBURY MEDICAL ASSOCIATION	06-	<u>-6</u> 025659	Page 12
Pa	rt XI Reconciliation of Net Assets			
	. Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,538.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,130.
3	Revenue less expenses Subtract line 2 from line 1	3	2	,408.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,623	
5	Net unrealized gains (losses) on investments	5	-120	,998.
6	Donated services and use of facilities	6		
-7 -	-Investment expenses	7		
8	Prior period adjustments	_8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,504	<u>,946.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			<u></u>	'es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a -	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			•
	X Separate basis		-	<u> </u>
þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	•	
	consolidated basis, or both			<u> </u>
	Separate basis Separate basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	·	v
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	1	x
L	Act and OMB Circular A-133?		3a	^_
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au	1 [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	00 (00 (5)
			Form 9	90 (2018)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section	n 501(c)(4), (5), or (6) organiza	tions Complete Part III.					
Name of organization					Employer identification number		
	WATERBU		06-6025659				
Part I-A	Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527	organization.		
		zation's direct and indirect politic	al campaign activities				
	litical campaign activity expenditures				\$		
3 Volun	teer hours for political campa	ign activities					
Part I-E	Complete if the or	ganization is exempt und	ler section 501(c)	<u> </u>			
1 Enter	the amount of any excise tax	incurred by the organization und	der section 4955	•	\$		
2 Enter	the amount of any excise tax	incurred by organization manag-	ers under section 495	5 ▶	\$		
3 If the	organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No		
	correction made?				└── Yes		
b If "Ye	s," describe in Part IV.		In 1 5027-1		1/-1/01		
		ganization is exempt und		<u>-</u>			
		d by the filing organization for se			\$		
		ization's funds contributed to ot	her organizations for s				
	ot function activities				\$		
	·	s Add lines 1 and 2. Enter here a	and on Form 1120-POL	•			
line 17				•	\$		
	e filing organization file Form				Yes No		
		nployer identification number (El					
		ition listed, enter the amount pair omptly and directly delivered to					
		additional space is needed, prov			ate segregated fund or a		
				- ₁	1 (2) (2) (2)		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and		
				funds If none, enter -0			
				·	delivered to a separate		
					political organization If none, enter -0-		
	· · · · · · · · · · · · · · · · · · ·				" " " " " " " " " " " " " " " " " " "		
		· · · · · · · · · · · · · · · · · · ·	 		<u> </u>		
					-,-		
	• • •		<u> </u>				
	<u></u> -			 	•		
			}				
			1				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018					025659 Page 2
Part II-A Complete if the or section 501(h)).	ganization is e	exempt under section	on 501(c)(3) and fi	led Form 5768 (el	ection under
	estion halange to er	a offiliated group (and list ii	n Part IV anch offiliator	l group mombarla nom	o address FIN
	are of excess lobby	n affiliated group (and list ii	n Part IV each anniated	group member's nam	e, address, EIN,
		A and "limited control" pro	ovisions apply		
	nits on Lobbying E	·	ovisions apply	(a) Filing organization's	(b) Affiliated group totals
(The term "exper	nditures" means a	mounts paid or incurred.)	totals	totais
1a Total lobbying expenditures to inf	fluence public opin	ion (grass roots lobbying)			
b_Total.lobbying.expenditures_to.inf	fluence_a_legislative	e body (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and 1b)				
d Other exempt purpose expenditu	res				
 Total exempt purpose expenditur 	res (add lines 1c an	nd 1d)	-		
f Lobbying nontaxable amount. En	ter the amount from	n the following table in bot	th columns	NAME OF TAXABLE PARTIES.	
If the amount on line 1e, column (a)	or (b) is: The	e lobbying nontaxable am	ount is:		
Not over \$500,000	20%	6 of the amount on line 1e			
Over \$500,000 but not over \$1,00	00,000 \$10	0,000 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,	500,000 \$17	5,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000 \$1,000,000					
				14. 全年去年上江东	
g. Grassroots nontaxable amount (e	enter 25% of line 1f)			
h Subtract line 1g from line 1a If ze					
i Subtract line 1f from line 1c If zero or less, enter -0-					
j If there is an amount other than z	ero on either line 1	h or line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this				<u>L</u>	Yes No
		Averaging Period Under			
(Some organizations		on 501(h) election do not	•	of the five columns b	elow.
		eparate instructions for li	<u>*</u>		
	, Lobbying E	xpenditures During 4-Ye	ar Averaging Period	•,	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount			"是有一种"。 "		,
(150% of line 2a, column(e))		A COLUMN TO	企业 的人类的	以不是	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
				,	

Schedule C (Form 990 or 990-EZ) 2018

Partill B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description			(a)		(b)	
of the	lobbying activity	Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements? Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				1	
	Total Add lines 1c through 1i	THE STATE	ENGINE.		The section of the se	
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912	CHALL			第176章	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			ir in the		
Par	Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)(5), or se	ection		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	<u> </u>	X	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from	Al	1 ² 3	х	<u>^</u>	
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	• .	R (b) Par	t III-A, liı	ne 3, is	
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	tical	1 (4.15g)		.,000.	
а	Current year		الششد 2a		5,670.	
	b Carryover from last year			-10,738.		
c	c Total			-5,068.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				5,500.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		##			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5	-10	7,568.	
Par					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groctions); and Part II-B, line 1. Also, complete this part for any additional information.	up list), Part i	I-A, lines 1	and 2 (see		
	onoris), and facility, into 1. Also, complete this part of any additional mornation.					
					,	
			_			

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. Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WATERBURY MEDICAL ASSOCIATION

Employer identification number 06-6025659

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADVANCEMENT OF THE MEMBERS OF THE SAID ORGANIZATION, AND TO PROMOTE A
GOOD UNDERSTANDING AND HARMONIOUS RELATIONSHIP AMONG THE MEMBERS, AND TO
AID THE DEVELOPMENT OF BETTER HEALTH IN THE COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 3:
MANAGEMENT DUTIES ARE PERFORMED BY S&S MANAGEMENT SERVICES.
FORM 990, PART VI, SECTION A, LINE 6:
THE ASSOCIATION IS A MEMBERSHIP ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A:
OFFICERS ARE ELECTED BY A BALLOT AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE MANAGEMENT COMPANY.
FORM 990, PART VI, SECTION B, LINE 12C:
ELECTED BOARD MEMBERS MUST COMPLETE AND FILE AN INTIAL OR UPDATED
DISCLOSURE OF INTEREST AND AFFILIATIONS FORM EACH YEAR AT THE ANNUAL
MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.