2949324301510 OMB No 1545-0047

990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

2018

Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 20

	Α	For the	e 2018 calendar year, or tax year beginning , 2018, and enc	ling		, 20		
	В	Check if	fapplicable C Name of organization Washoe County Medical Society		D Employer	identification number		
		Address	s change Doing business as	-	88-600	2042		
	_	Name ch		suite	E Telephone	number		
	_	Initial ret	- I	. 100	(775)8	325-0278		
	_		urn/terminated City or town, state or province, country, and ZIP or foreign postal code					
	$\overline{}$	Amende	l =		G Gross rece	epts\$ 234,098.		
				H/a) Is this a d		ordinates? Yes No		
Application pending F Name and address of principal officer Ronald S. Swanger, MD, 5355 Kietzke Ln, #100, Reno, NV 89511 H(b) Are all subordinates included? H(a) Is this a group return for subordinates included?								
		Tay-aya	empt status			st (see instructions)		
		Website			exemption nu			
	_		e: ► wcmsnv.org organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ►			legal domicile NV		
		art I	Summary	121011 130	7 W State of	regar dominere 14 v		
		1		A DDOCECCIONAL CO	DDODATION ODCAN	ISED TO RECUENT AND RECORDE		
	d)	!	Briefly describe the organization's mission or most significant activities: WE ARE			1250 TO PROVIDE AND PROMOTE		
	ĕ		ADVOCACY FOR PHYSICIANS AND PATIENTS AND PROMOTE THE	ART AND	SCIENCE			
	Ë	_	OF MEDICINE AND PUBLIC HEALTH.		050/ -6.4-			
	S e	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed					
	Ğ	3	Number of voting members of the governing body (Part VI, line 1a)			14		
	တ္	4	Number of independent voting members of the governing body (Part VI, line 1)		4	14		
	iţie	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	2		
	Activities & Governance	6	Total number of volunteers (estimate if necessary)	VED	6	30		
	ď	1	Total difference business revenue from Part VIII, Column (O), file 12		7a	7,913.		
		b	Net unrelated business taxable income from Form 990-T, line		7b	-5,436.		
			ප් AUG 16			Current Year		
	<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	184	9,598.	133,398.		
	Revenue	9	Program service revenue (Part VIII, line 2g) OGDEN	1 117 -4	3,928.	71,423		
		10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	, 0	3,917.	8,644.		
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
		12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202	2,443.	213,465.		
		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,400.	2,863.		
2019	{	14	Benefits paid to or for members (Part IX, column (A), line 4)					
2	န္မ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9	6,998.	105,913.		
	, Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
9	Expen	b	Total fundraising expenses (Part IX, column (D), line 25) ▶					
0CT 0 1	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100	0 , 733.	120,907.		
Ö		18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	19	9,131.	229,683.		
		19	Revenue less expenses. Subtract line 18 from line 12		3,312.	-16,218.		
삦	e e			Beginning of Cu	irrent Year	End of Year		
SCANN	et Assets or ind Balances	20	Total assets (Part X, line 16)	43	9,587.	412,814.		
Ă	A AS	21	Total liabilities (Part X, line 26)	12	9,183.	132,097.		
တ္တ	울훈	22	Net assets or fund balances. Subtract line 21 from line 20	310	0,404.	280,717.		
- 5	Pa	art (i	Signature Block					
	Un	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to t	he best of my	knowledge and belief, it is		
	tru	e, correct	ct, and complete Declaration of preparer (other than officer) is based on all information of which prepared	rer has any know	ledge			
					8/7/19			
	Sig		Signature of officer	Da	ite			
	He	re	Patrick Woodard, MD, Secretary/Treasurer					
	Pa	id		Date	Check X	If PTIN		
		epare	Barbara L. Wardwell, CPA Sarbara & Wardwell, CPA	07/10/201		yed P00103188		
_		e Onl	7			-2144779		
1	_	- JIII	Firm's address > 335 West First Street, Reno, NV 89503			5)324-3455		
	May	v the IF	BS discuss this return with the preparer shown above? (see instructions)			▼ Yes □ No		

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE ARE A PROFESSIONAL CORPORATION ORGANIZED TO PROVIDE AND PROMOTE
	ADVOCACY FOR PHYSICIANS AND PATIENTS AND PROMOTE THE ART AND SCIENCE
	OF MEDICINE AND PUBLIC HEALTH.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE ASSOC. HOLDS MEETINGS ON VARIOUS RELEVANT TOPICS AND PROVIDES
	SOCIAL EVENTS TO IMPROVE NETWORKING OPPORTUNITIES AMONG DOCTORS.
	THIS ALSO ASSISTS THE COMMUNITY BY PROVIDING REFERRALS OF QUALIFIED
	DOCTORS. THE MEETINGS ALSO SERVE TO EDUCATE DOCTORS AND IMPROVE
	THE GENERAL QUALITY OF CARE IN THE PROFESSION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	A NEWSLETTER IS PREPARED TO INFORM MEMBERS ON DEVELOPMENTS IN THE
	PROFESSION AND TO DISCUSS AREAS OF INTEREST TO DOCTORS.
	FROTESSION AND TO DISCOSS ANDRE OF INTERNSON TO BOOTOMS!
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	
	THE ORGANIZATION HAS AN AUXILIARY MEMBERSHIP WHICH DISSEMINATES HEALTH RELATED INFORMATION TO IMPROVE THE COMMUNITY AND PROVIDE
	VISIBILTY FOR THE ORGANIZATION.
	VISIBILIT FOR THE ORGANIZATION.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$\text{including grants of \$\text{) (Revenue \$\text{)}}

BCOO

Part	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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		×
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_	×	
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_	į	×
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	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, Part VI	11a	×	
b	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		×
С	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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	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.	14b		×
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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 (see instructions)	17		×
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		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	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	21		

Part	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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	_	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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):		_	-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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? If "Yes," complete Schedule R, Part V, line 2	36		
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number was add in Day 2 of Form 1000 Enter 2 of sales and sales		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	- <u>-</u> -	- - -	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	×	
b	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		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		×
С	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	×	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱ ا		
_	gifts were not tax deductible?	6b	×	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a 7b		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
	required to file Form 8282?	70		×
d	If "Yes," indicate the number of Forms 8282 filed during the year		—	×
e 4	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	<u> </u>
8	sponsoring organizations maintaining donor advised tunes. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	140		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	140		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		×
	excess parachute payment(s) during the year?	13		 ^
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	—	×
. •	If "Yes," complete Form 4720, Schedule O.			 ^
	100, complete i diff the conduction.	ليسبب		L

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, a	and t	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sci	nedule O. Se	e ıns	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			×
Secti	on 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 1a	14			
	If there are material differences in voting rights among members of the governing body, or				ì
	if the governing body delegated broad authority to an executive committee or similar				J.
	committee, explain in Schedule O.				· :
b	Enter the number of voting members included in line 1a, above, who are independent	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of the supervision of th		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		×
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?.	5		<u>×</u> _
6	Did the organization have members or stockholders?	· · · ·	•	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?		7a	×	
L	Are any governance decisions of the organization reserved to (or subject to approval by) r	—		<u>^</u>	
b	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertak	en during			1
	the year by the following:	-			
а	The governing body?	· -	8a	X	
b	Each committee with authority to act on behalf of the governing body?	· · · ⊢	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rethe organization's mailing address? If "Yes," provide the names and addresses in Schedule O	eached at	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Inter	nal Revenu	e Co	de.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[10a		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 pur	<u> </u>	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	: <u>-</u>			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<u> </u>	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	_	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
	describe in Schedule O how this was done	<u> </u>	12c	<u>×</u>	
13	Did the organization have a written whistleblower policy?		14	×	×
14	Did the organization have a written document retention and destruction policy?		14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and ap independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decision?			
a	The organization's CEO, Executive Director, or top management official	<u> </u>	15a	×	<u> </u>
b	Other officers or key employees of the organization		15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrawith a taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	organization's exempt status with respect to such arrangements?	· · · '	16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply the control of	<i>/</i> .	(Sect	tion 5	501(c)
40	Own website Another's website Don request Other (explain in Schedule	-		. ـ . ا ـ ـ .	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	entrict of inter	est p	опсу	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo				

Part VII	Compensation of Officers, D	irectors, Trustees,	Key Employees,	Highest Compe	nsated 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 employees."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	(do n box, t office	ot ch unles	Pos eck s pe d a d	tion more rson irect	than on the thick the thic	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RONALD S SWANGER, MD PRESIDENT	2.50	×		×				0.	0.	0.
(2) REED W DOPF, II, MD PRESIDENT ELECT	1.00	×		×				0.	0.	0.
(3) JAY K MORGAN, MD SECRETARY/TREASURER	1.50	×		×				0.	0.	0.
(4) ANDREW V PASTERNAK, IV, MD IMMED. PAST PRES.	1.00	×		×				0.	0.	0.
(5) THOMAS KILLEEN, MD DELEGATE CHAIRPERSON	2.00	×						0.	0.	0.
(6) JACOB BLAKE, MD DIRECTOR	0.50	×						0.	0.	0.
(7) PATRICK WOODARD, MD DIRECTOR	0.50	×					,	0.	0.	0.
(8) DANIEL SPOGEN, MD DIRECTOR	0.50	×						0.	0.	0.
(9) AMANDA VANDERCLAY, MD DIRECTOR	0.50	×						0.	0.	0.
(10) HARDEEP S DHINDSA, MD DIRECTOR	0.50	×						0.	0.	0.
(11) SHERRIE A HALD, MD DIRECTOR	0.50	×						0.	0.	0.
(12) VIJAY ALURU RESIDENTS REPRESENTATIVE	0.50	×						0.	0.	0.
(13) PYDII AKELLA RESIDENTS REPRESENTATIVE	0.50	×						0.	0.	0.
(14) ASHLEY TARCHIONE STUDENTS REPRESENTATIVE	0.50	×						0.	0.	0.

(A) Name and title	(B) Average hours per week (list any	erage box, unless person is bot lirs per officer and a director/trus					an ee)	(D) Reportable compensation from	(E) Reportable compensation fro related				
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	5)	fro orga and	ensation the nization related	n t
(15) MARY ANN MCCAULEY EXECUTIVE DIRECTOR	31.00				×	×		52,293.	().			0.
(16)								32,233.		, . 			
(17)						-				+			
(18)					!					+			
(19)										-			
(20)		-								+		-	
(21)										-			
(22)													
(23)										-			
(24)													
(25)													
1b Sub-total	o Part VII, Sectio	n A					>	52,293.).			0.
d Total (add lines 1b and 1c)	ng but not limited	i to th	ose	·list	ed a	above	e) w	52,293. ho received m			f		0.
3 Did the organization list any form employee on line 1a? If "Yes," com	ner officer, direc								est compens	ated	3	Yes	No
For any individual listed on line 1a, organization and related organization.	, is the sum of rep	portal	ble (com	per	nsatio	n a	and other comp			4		×
5 Did any person listed on line 1a red for services rendered to the organization										dual	5		×
Section B. Independent Contractors	Zation: II res, c	σπρι	ere	SCI	leui	lle o i	Oi s	sucii persori	· · · ·	•			<u> </u>
Complete this table for your five his compensation from the organization year.													ax
(A) Name and busin	ess address							(B) Description of s	ervices	Co	(C) empens		
2 Total number of independent cor	otractore (includir	na hi	ıt n	ot I	mit	ed to	\ tb	nose listed aho	ave) who				

Part	VIII	Statement of Reve				D - + > //!!		
		Check if Schedule C	o contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues .		131,398.				
s, C	С	Fundraising events .	1c					
Sift lar	d	Related organizations	s 1d					
imi	е	Government grants (con						
tion r. S	f	All other contributions, g						
the but		and similar amounts not inc	cluded above 1f	2,000.				
d at	g	Noncash contributions include	ded in lines 1a-1f: \$					
Contributions, Gifts, and Other Similar An	h	Total. Add lines 1a-1	f	, , , <u>,</u> >	133,398.			
				Business Code				
Program Service Revenue	2a	MEMBERSHIP/ANN	UAL MTGS	611430	59,090.	59,090.	0.	0.
æ	b	EXPENSE SHARIN	G REIMB	561000	4,420.	4,420.	0.	0.
ice	C	WEB SPONSORSHIPS	/ADVERTISING	511140	638.	0.	638.	0.
er.	d	DIRECTORY SALES/	ADVERTISING	511140	375.	0.	375.	0.
E	е	NEWSLETTER SALES	/ADVERTISING	511120	6,900.	0.	6,900.	0.
gra	f	All other program ser						· ·
5	g	Total. Add lines 2a-2		•	71,423.			<u> </u>
	3	Investment income						
		and other similar amo			5,277.	0.	0.	5,277.
	4	Income from investmen	it of tax-exempt b	ond proceeds ▶	· · ·			
	5			. •				
		noyamoo	(ı) Real	(ii) Personal				
	6a	Gross rents	· · · · · · · · · · · · · · · · · · ·	1				
	b	Less: rental expenses						į
	C	Rental income or (loss)	-	 				
	d d	Net rental income or	(loss)	. .				
		Gross amount from sales of	(i) Securities	(ii) Other				
	7a	assets other than inventory	24,000.	· · · · · ·				
	_	Less: cost or other basis	24,000.		1			
	b	and sales expenses	20,633.					·
	С	Gain or (loss)	3,367.					,
	d	Net gain or (loss) .	<u> </u>		3,367.	0.	0.	3,367.
4	ı ü	iver gain or (1033) .			3,307.			3,33
Other Revenue	8a	Gross income from fu events (not including \$	undraising					
r Re		of contributions reporte See Part IV, line 18 .			1			
£	<u> </u>	Less: direct expenses	-	l		1		
0	1	Net income or (loss) f						
		Gross income from ga	_	events . P				
	54	See Part IV, line 19 .						'
	h	Less. direct expenses	-					
		Net income or (loss) f						
		Gross sales of in		141100				
		returns and allowance			1			
	h	Less: cost of goods s	_					
	1	Net income or (loss) f						'
	⊢ Ŭ	Miscellaneous F		Business Code		-		
	11a			Duanteas Code				
	b	••••						
	-							
	G	All other revenue						
	d	All other revenue .						
	12 e	Total royanua Saau			212 465	63 510	7 013	8 611

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	ll other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX		<u></u>
	t include amounts reported on lines 6b, 7b, , 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 and domestic governments. See Part IV, line 21	2,863.			,
2	Grants and other assistance to domestic individuals. See Part IV, line 22				, ,
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				٠
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	52,293.			
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 8	Other salaries and wages	41,437.			
9 10	Other employee benefits	4,116. 8,067.			
11 a	Fees for services (non-employees): Management				
b c d	Legal	6,830.		` _	
e f	Professional fundraising services See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6.760			
13	Office expenses	6,769.			
14	Information technology	9,118.			
15	Royalties				
16	Occupancy	27,431.			
17 18	Travel	4,866.			
19 20	Conferences, conventions, and meetings	48,371.			
21	Interest			·	
22	Depreciation, depletion, and amortization .	857.			
23	Insurance	2,992.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	2,332.			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	COMMUNITY PROGRAMS/PR	4,418.			
b	MEMBERSHIP DEVELOPMENT	4,181.			
C	PRINTING/PUBLICATIONS	5,074.			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	229,683.	-· <u></u>		· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 13,197. 15,829. 1 2 80,010. 123,338. 2 Savings and temporary cash investments 3 3 5,195. 4 23,822. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 7 4,441. 5,746. 8 12,800. 4,031. Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 14,300. 10a 2,999. 10b 3,856. 11,301. 10c Less. accumulated depreciation ь 278,803. 273,931. 11 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 2,789. 1,614. 15 15 412,814. 439,587. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 3,540. 17 3,364. 17 18 18 128,733. 125,643. 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 132,097. 129,183. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 294,392. 264,702. 27 27 16,015. 16,012. 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 310,404. 280,717. 33 33 412,814. 439,587. Total liabilities and net assets/fund balances . Form 990 (2018)

Page	1	2

D	VI Desay Bakan Alah Asaya				
Pair	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	2			465.
2	Total expenses (must equal Part IX, column (A), line 25)	3			<u>683.</u>
3	Revenue less expenses. Subtract line 2 from line 1				218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			404.
5	Net unrealized gains (losses) on investments	5		<u>-13,</u>	<u> 469.</u>
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		280,	717.
Part	XII Financial Statements and Reporting				_
	*Check if Schedule O contains a response or note to any line in this Part XII	· ·		,	<u>, Ц</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ .		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in .		
	Schedule O.		<u> </u>	-	لئيد .
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			+	×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled	or .		
	reviewed on a separate basis, consolidated basis, or both:			1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			-	لـــــــــــــــــــــــــــــــــــــ
b	Were the organization's financial statements audited by an independent accountant?	-	· —	 	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a .	.	`
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis			-	لــــا،
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in		.
	Schedule O.			-	.
3a		forth	in		
	the Single Audit Act and OMB Circular A-133?			4—	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne		1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u></u>
			Fo	.rm 991	O (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

· Section 527 organizations. Complete Part I-A only.

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

Inspection

	_	," on Form 990, Part IV, line 4, or For			
		that have filed Form 5768 (election und			
		that have NOT filed Form 5768 (election			
	organization answered "Yes ee separate instructions), th	," on Form 990, Part IV, line 5 (Proxy hen	Tax) (see separat	e instructions) or Form 99	J-EZ, Part V, line 35c (Prox)
• Se	ection 501(c)(4), (5), or (6) orga	inizations: Complete Part III.			
Name o	of organization			Employer ide	ntification number
Wash	oe County Medical			88-6002	
Part	<u> </u>	e organization is exempt unde			
1	Provide a description of definition of "political can	the organization's direct and inc npaign activities")	direct political ca	ampaign activities in Par	t IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .			\$
3		cal campaign activities (see instruc			
Part		e organization is exempt unde			
1		excise tax incurred by the organiza			\$
2		excise tax incurred by organization			\$
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this y	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				1/-1/01
Part		e organization is exempt unde			1(c)(3).
1		ly expended by the filing organiz	ation for section	527 exempt function	.
	activities				D
2		filing organization's funds contrib			
	•	vities			P
3	line 17b	expenditures. Add lines 1 and 2.		▶ \$)
4		n file Form 1120-POL for this year?			Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, e ontributions received that were proi fund or a political action committee	enter the amount mptly and directly	paid from the filing organ delivered to a separate	nization's funds. Also enter political organization, such
	as a separate segregated	Tund or a political action committee	e (FAC). Il additio	Tai space is fleeded, prov	The information in Fact 14.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)		,			
(5)					
(6)					

Pa		ete if the organization 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ▶ ☐ if the	filing organization belongess, EIN, expenses, and s				liated group membe	er's name,
D		filing organization checke					
<u> </u>	Check - In the	Limits on Lobby			ovisions apply.	(a) Filing	(h) Affiliated
	(The t	erm "expenditures" me			١	organization's totals	(b) Affiliated group totals
-		xpenditures to influence					
•		xpenditures to influence a			_		
	, ,	xpenditures (add lines 1a	•	• 1			
		urpose expenditures					· · · · · · · · · · · · · · · · · · ·
	· ·	rpose expenditures (add					
	•	ixable amount. Enter ti					
	columns.	ixable amount. Enter ti	ie amount	roni the following			
	If the amount on li	ine 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:	,	
	Not over \$500,000		20% of the a	mount on line 1e			,
	Over \$500,000 but	not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		·
	Over \$1,000,000 b	ut not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 b	ut not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000.			-	
	g Grassroots nonta	axable amount (enter 25%	% of line 1f)				
	h Subtract line 1g	from line 1a. If zero or les	ss, enter -0-				
		from line 1c. If zero or les	•				<u> </u>
		mount other than zero on 4911 tax for this year?		th or line 1, dic			TYes □ No
	(Some organiz	zations that made a sec See the s	tion 501(h) el separate inst	tructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbying	Expenditures	s During 4-Year A	veraging Period	T	
	Calendar year (beginnii		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	2a Lobbying nontax	kable amount					
	b Lobbying ceiling (150% of line 2a				,		
	c Total lobbying ex	xpenditures					
	d Grassroots nonta	axable amount					
	e Grassroots ceilir (150% of line 2d				,		
	f Grassroots lobby	ying expenditures					
	244	<u> </u>		REV 11/14/18 PRO		Schedule C (Form	990 or 990-EZ) 2018

	(election under section 501(h)).	(a)		(b)		
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Α	moun	t
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:				٠	
а	Volunteers?				4	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?	ļ				
d	Mailings to members, legislators, or the public?	<u> </u>				
е	Publications, or published or broadcast statements?	<u> </u>				
f	Grants to other organizations for lobbying purposes?	<u> </u>				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i			<u>-</u>		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	1				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		••		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), (or se	ction		
	501(c)(6).				Yes	No
_	Manage what a shall well (000) are seen a droop received managed uptible by mambare?			1	X	140
1	Were substantially all (90% or more) dues received nondeductible by members?			2	×	╁─
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				 ^	×
3 Dart	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				<u> </u>	1
· art	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)	Part	III-A,	line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		,		
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3_			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng				
_	and political expenditure next year?	•	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro s instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A,	lines 1	1 and
- (000						
					••••••	· • • • • • • • • • • • • • • • • • • •

Scriegule C (For	11 390 07 390-62) 2016	Page -
Part IV	Supplemental Information (continued)	
		-
	•	
		·
•••••		
-		
	•	
	<u> </u>	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Waa	an County Modernal Company		88-6002042
Par	Organizations Maintaining Donor Ad	lyised Funds or Other Similar Fu	
Fall	Complete if the organization answered		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(2) Bollot davised falles	(b) Folios and other decession
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<u> </u>
4	Aggregate value at end of year	or advisors in writing that the assets I	held in donor advised
5	funds are the organization's property, subject to	the organization's exclusive legal contr	rol? Yes No
•			
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the ben	and donor advisors in writing that great of the denor or donor advisor, or	for any other purpose
Do			· · · · · · · · · · · · · · · · · · ·
Par	Complete if the organization answered	I "Ves" on Form 990 Part IV line 7	,
			•
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre		of a historically important land area
	_		of a certified historic structure
	Protection of natural habitat	Freservation	of a certified historic structure
•	Preservation of open space Complete lines 2a through 2d if the organization I	held a qualified conservation contribut	ion in the form of a conservation
2	easement on the last day of the tax year.	meid a qualified conscivation contributi	Held at the End of the Tax Year
	•		
a	Total Hambor of Control Fation Case	• • • • • • • • • • • • •	
b	Total acreage restricted by conservation easement		
Ċ	Number of conservation easements on a certified Number of conservation easements included in	n (a) acquired after 7/25/06, and not	00.3
d	historic structure listed in the National Register		2d
2	Number of conservation easements modified, tra		
3	tax year ►	risterred, released, extiliguished, or ter	minuted by the organization during the
4	Number of states where property subject to cons	servation easement is located	
4 5	Does the organization have a written policy r		spection, handling of
•	violations, and enforcement of the conservation e	easements it holds?	· · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, insp		
•	Land volunteer read develop to memoring, mep		, , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
•	▶ \$	3	
8	Does each conservation easement reported on lin	ne 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
			· · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports	s conservation easements in its revenu	e and expense statement, and
_	balance sheet, and include, if applicable, the text	of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easen		
Par	III Organizations Maintaining Collectio	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	e footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		education, or research in furtherance of
	public service, provide the following amounts rela	•	
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part $X \ . \ . \ .$	1	> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of a	rt, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

Page	2

Part		Organizations Maintaining							
. 3		the organization's acquisition, tion items (check all that apply):		her reco	rds, chec	k any of the	e follow	ring that are a	significant use of its
а	☐ Pu	ıblıc exhibition		d	☐ Loan	or exchang	e progr	ams	
b	☐ So	cholarly research		е	☐ Othe	r			
С		eservation for future generations	3						
4		de a description of the organization		and expla	ain how t	hey further	the orga	anization's exe	empt purpose in Part
	XIII.			•		,	Ū		
5	Durine	g the year, did the organization	solicit or receive	donation	s of art.	historical tre	easures	. or other simi	ılar
		s to be sold to raise funds rather							
Parl	IV	Escrow and Custodial Arra		············				·	
		Complete if the organization 990, Part X, line 21.		on For	m 990, I	Part IV, line	9, or r	reported an a	mount on Form
1a	Is the	organization an agent, trustee	custodian or oth	er intern	nediary fo	or contributi	ions or	other assets r	not
,,,		led on Form 990, Part X?							
b		s," explain the arrangement in Pa							
U	11 16	s, explain the analigement in r	art Am and comple	ite the ic	mowning to	abic.			Amount
_	Danie	nuna halanaa					1c	 	
C		ning balance							· · · · · · · · · · · · · · · · · · ·
d		ons during the year					1d		
e		outions during the year					1e	+	
f		g balance					1f		
2a		e organization include an amoui							
b	If "Ye	s," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been	provide	d on Part XIII	· · · · <u> </u>
Par	t V	Endowment Funds.		. –			40		
		Complete if the organization							
			(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years ba	ck (e) Four years back
1a	Begin	ning of year balance							
b	Contr	ibutions						-	
С		vestment earnings, gains, and				•			
d	Grant	s or scholarships							
е	Other	expenditures for facilities and							
	progr	ams					ł		
f	Admii	nistrative expenses						-	
g		f year balance							
2		de the estimated percentage of t	he current vear en	d balanc	e (line 1c	a, column (a))) held a	ıs:	
a		designated or quasi-endowmen			` `		,,		
b	Perm	anent endowment	%	' -					
c		orarily restricted endowment							
·	-	ercentages on lines 2a, 2b, and		00%					
За	•	nere endowment funds not in the	•		zation th	at are held a	and adr	ministered for t	the
Ou		ization by:	c possession or m	o organi	200000	ar a.oo.a .			Yes No
	•	· ·							3a(i)
		nrelated organizations lated organizations							3a(ii)
		•							3b
b		s" on line 3a(ii), are the related o							. 30
4		tbe in Part XIII the intended uses		on s endo	winenti	unas.			
Pari	V	Land, Buildings, and Equip		. –	000	D			N D+ W I 40
		Complete if the organization			T				
		Description of property	(a) Cost or other (investment)			or other basis other)		Accumulated preciation	(d) Book value
1a	Land								
b	Buildi	ngs			Ì				
c		chold improvements			<u> </u>				
d		ment		0.	 	14,300.		11,301.	2,999.
e					 	= 1, 0001		,	
		nes 1a through 1e. (Column (d) n		OO Port	V colum	2 (P) line 10	IC 1		2 999

Part VII	Complete if the organization answered "\	es" on Form 99	0. Part IV. line	11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		b) Book value	(c) Meth	od of valuation of-year market value
	·			Cost or end-c	
(1) Financial					
	neld equity interests				
(A)					
(B)		· · · · · · · · · · · · · · · · · · ·			
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12.) ▶	l			
Part VIII	Investments – Program Related.			44 0 5	000 B 17 L 10
	Complete if the organization answered "Y				
	(a) Description of investment	(b) Book value		od of valuation of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					·
(8)				 	
(9)	(N) must accord Form 000. Part V. and (P) line 12.1				
Part IX	b) must equal Form 990, Part X, col (B) line 13) Other Assets.				-
Partix	Complete if the organization answered "\	es" on Form 99	0 Part IV. line	e 11d. See Form	990. Part X. line 15.
	(a) Description		, , u., , , , , , , , , , , , , , , , ,		(b) Book value
(1)		 			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		···········			
(9) Tabel (Oak)	(b)t court Form 000 Flort V col (B) line	15\		▶	
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)		▶	
PartA	Complete if the organization answered "\	/es" on Form 90	n Part IV line	a 11e or 11f See	Form 990 Part X
	line 25.	res on Form 5	ou, Fait IV, iiile	e i le or i ii. See	TOITI 550, Tart X,
1.) Book value	1		
(1) Federal ır		,	↑ •		
(2)			┥ .		
(3)			1		
(4)			† '		
(5)			1		
(6)			1		
(7)			1		
(8)			1		
(9)]		
	(b) must equal Form 990, Part X, col (B) line 25.) ▶				•
2. Liability for	r uncertain tax positions. In Part XIII, provide the tex	t of the footnote to	the organization	's financial statemer	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part	•	Heturn.
<u> </u>	· · · · · · · · · · · · · · · · · · ·		1
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		
a	Net unrealized gains (losses) on investments		
b	Recoveries of prior year grants		1
c d	Other (Describe in Part XIII.)		1
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	a	
b	Other (Describe in Part XIII.))	1
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part	XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.	· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	3	
b	Prior year adjustments		.
С	Other losses		-
d	Other (Describe in Part XIII.)		 _
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 46		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII.)		•
b c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5
	XIII Supplemental Information.	<u> </u>	
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	provide any additional in	oformation.

Schedule D (Form 990) 2018 Page 5				
Part XIII				
-				
	·	H		
		·····		
	4			
		••••••		
	•			
	•••••••••••••••••••••••••••••••••••••••			
	•			

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

OMB No 1545-0047

Washoe County Medical Society	88-6002042
Pt VI, Line 6: The organization consists of members in the medical	l profession
that elect the governing body.	
Pt VI, Line 7a: Dues-paying members annually elect the board of d	irectors and
officers of the organization for open positions.	
Pt VI, Line 11b: A draft of the return is presented to the execut	tive director
and the internal affairs committee of the board for review with the	he CPA. Upon
approval by the executive director and the internal affairs commi	ttee it is presented
to the entire board and approved for filing.	
Pt VI, Line 15a: The executive director's salary is reviewed annual	ally by the
board of directors. Comparison data from AAMSE, a national organi	zatıon of Medical
Society Association Executives, is used for comparability. The box	ard has a rating
protocol and policy for the ED's performance and the resulting page	y rate is documented
in the ED's file. The approval of the pay rate is documented in the	he minutes of
the board meeting but the actual pay rate is only listed in the E) D's personnel
file.	
Pt VI, Line 19: The governing documents and Form 990 are available	e in hard copy
upon request.	
Pt VI, Line 12c: The organization adopted a conflict of interest	policy in 2017.
Board members, officers, and committee members must disclose any	actual or possible
conflict of interest and are not allowed to vote on the matter in	volving the
conflict of interest. Each board member, officer and committee member.	mber with governing
authority must annually sign a statement that they have received	the conflict
of interest policy, they have read and understand it, they have a	greed to comply
with the policy, and they understand the society is a 501(c)(6)ta	x exempt organizatıon

Name of the organization	Employer identification number
Washoe County Medical Society	88-6002042
and in order to maintain its federal tax exemption it must be a Society of persons	
having some common business interest and its purpose must be to promote this	
common business interest. The statement also requires the person to list all	
affiliated organizations for which he is a board trustee, a committee member,	
a consultant to, or an employee. They must also reaffirm in this statement that	
they have not personally benefited from any arrangement, agreement, investment,	
or other activity with any vendor, supplier, or other party doing business with	
the Society and that they did not receive any salary payments, loans or gifts	
of any kind or any free service from or on behalf of any person or organization	
engaged in any transaction with the organization.	
	,
,	