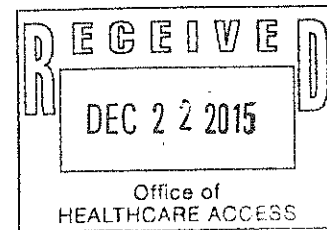




YALE NEW HAVEN  
HEALTH

December 22, 2015

Jack Huber, Health Care Analyst  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
P.O. Box 340308, MS #13HCA  
Hartford, CT 06134



Re: Northeast Medical Group, Inc.  
Annual Reporting for Medical Foundations Required Pursuant to Section 3 of PA 14-168

Dear Mr. Huber:

As required under CGS §33-182bb(d) and in response to your emailed notification of December 1, 2015, enclosed please find pertinent excerpts of Northeast Medical Group's (NEMG) form 990 for NEMG's fiscal year ending September 30, 2014 (the most recent year for which the organization has filed this return).

- Request 1 in your email asks for a "statement of your medical foundation's mission." NEMG's Form 990 Part I, Summary (page 1 of the attached), contains basic financial information and describes NEMG's mission and most significant activities as "[t]o render and promote a high quality of medical care services."
- Request 2 in your email asks for a "description of the services provided by your medical foundation during the preceding fiscal year." Part III, Statement of Program Service Accomplishments (page 2 of the attached), briefly describes NEMG's mission as "[t]o render medical treatment to patients without regard to ability to pay for such treatment, and to promote a high quality of medical care and other services for the benefit of all persons in the communities it serves." A further description of the services provided by NEMG and NEMG's program service accomplishments can be found on Schedule 0 to Part III line 4A (pages 3 through 12 of the attached).
- Request 3 in your email asks for a "description of any significant change in the services provided by your medical foundation during the previous fiscal year." As reported on Part III, line 3 (page 2 of the attached), NEMG did not make any significant changes in the services it provided in fiscal year 2014.
- Request 4 in your email asks for "[o]ther financial information as reported on your medical foundation's most recently filed Internal Revenue Service Form 990 -Return of Organization Exempt from Income Tax." Further financial information regarding NEMG can be found in Part VIII, Statement of Revenue (page 13 of the attached), Part IX, Statement of Functional Expense (page 14 of the attached), and Part X, Balance Sheet (page 15 of the attached).

OHCA  
December 22, 2015  
Page 2

Please let me know if you have any questions regarding the above or the enclosed.

Very truly yours,

A handwritten signature in black ink, appearing to read 'W. Asefytne', with a long horizontal flourish extending to the right.

William J. Asefytne  
Senior Vice President and General Counsel

## Huber, Jack

---

**From:** Huber, Jack  
**Sent:** Friday, January 08, 2016 10:40 AM  
**To:** 'Aseltyne, Bill'  
**Subject:** RE: NEMG 2015 Annual Report

Dear Attorney Aseltyne: On December 22, 2015, the Department of Public Health, Office of Health Care Access (OHCA) received Northeast Medical Group's 2015 Annual Report filing for fiscal year ending September 30, 2014. We recently completed a desk review of the information submitted with the annual filing and find that certain portions of the information relating to the IRS Form 990 response were not included with the filing. Specifically, Section 33-182bb(d) of the Connecticut General Statutes requires financial information as reported on the medical foundation's most recently filed Internal Revenue Service return of organization exempt from income tax form. This statute wording requires that the medical foundation's submission to OHCA mirrors the medical foundation's submission to the Internal Revenue Service. The following IRS Form 990 sections and associated form pages were not included in your annual filing:

<u>Form Section &amp; Name</u>	<u>Form Page Number(s)</u>
Part IV Checklist of Required Schedules – Pages 3 & 4	
Part V Statements Regarding Other IRS Filings & Tax Compliance – Page 5	
Part VI Governance Management & Disclosure – Page 6	
Part VII Compensation of Officer, Directors, etc. – Pages 7 & 8	
Part XI Reconciliation of Net Assets – Page 12	
Part XII Financial Statements & Reporting – Page 12	

Please provide the IRS Form 990 information for the aforementioned form sections and related page numbers by Friday, January 15, 2016 in their entirety, including any of the schedules listed below that may have been also filed with the Internal Revenue Service in completing your federal filing. The highlighted schedules identified below were supplied in your supplemental submission with your 2014 annual report filing.

Schedule A:	Public Charity Status and Public Support
Schedule B:	Schedule of Contributors
Schedule C:	Political Campaign and Lobbying Activities
Schedule D:	Supplemental Financial Statements
Schedule F:	Statement of Activities Outside the United States
Schedule G:	Professional Fund Raising Services
Schedule J:	Compensation Information
Schedule K:	Supplemental Information on Tax-Exempt Bonds
Schedule L:	Transactions with Interested Persons
Schedule M:	Noncash Contributions
Schedule R:	Related Organizations & Unrelated Partnerships

Should you have any questions regarding this notification, please feel free to email me or contact me at (860) 418-7069. Thank you for your attention to this matter.

Regards,

*Jack A. Huber*

Jack A. Huber  
Health Care Analyst  
Department of Public Health | Office of Health Care Access | 410 Capitol Avenue  
P.O. Box 340308 MS #13HCA | Hartford, CT 06134 | Ph:860-418-7069 | Fax:860-418-7053 | email: [Jack.Huber@ct.gov](mailto:Jack.Huber@ct.gov)

---

**From:** Aseltyn, Bill [<mailto:Bill.Aseltyn@ynhh.org>]  
**Sent:** Tuesday, December 22, 2015 4:41 PM  
**To:** Huber, Jack  
**Subject:** NEMG 2015 Annual Report

Good Afternoon,

In accordance with your email of December 1, attached please find Northeast Medical Group's 2015 annual report, as required by Conn. Gen. Stat. Section 33-182bb(d). Please contact me if you have any questions.

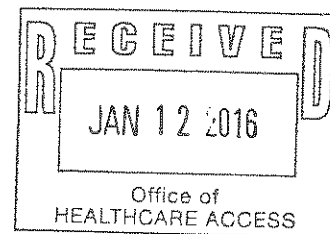
Thank you,

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.



January 12, 2016

Jack Huber, Health Care Analyst  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
P.O. Box 340308, MS #13HCA  
Hartford, CT 06134



Re: Northeast Medical Group, Inc.  
Annual Reporting for Medical Foundations Required Pursuant to Section 3 of PA 14-168

Dear Mr. Huber:

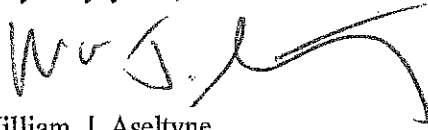
In response to your emailed notification of January 8, 2016, enclosed please find the additional Form 990 Sections and Schedules that were requested. Please note that we have provided Schedule L, as that Schedule was provided last year, even though it is not specifically highlighted in your email.

- Request 1 in your email asks for Part IV Checklist of Required Schedules (Pages 1&2 of the attached).
- Request 2 in your email asks for Part V Statements Regarding Other IRS Filings and Tax Compliance (Page 3 of the attached).
- Request 3 in your email asks for Part VI Governance, Management, and Disclosure (Page 4 of the attached).
- Request 4 in your email asks for Part VII Compensation of Officer, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors. (Pages 5 through 7 of the attached).
- Request 5 in your email asks for Part XI Reconciliation of Net Assets (page 8 of the attached).
- Request 6 in your email asks for Schedule A: Public Charity Status and Public Support (Pages 9 through 12 of the attached).
- Request 7 in your email asks for Schedule D: Supplemental Financial Statements (Pages 13 through 16 of the attached).
- Request 8 in your email asks for Schedule J: Compensation Information (Pages 17 through 22 of the attached).
- Request 9 in your email asks for Schedule L: Transactions with Interested Persons (Pages 23 & 24 of the attached).
- Request 10 in your email asks for Schedule R: Related Organizations and Unrelated Partnerships (Pages 25 through 32 of the attached).

OHCA  
January 12, 2016  
Page 2

Please let me know if you have any questions regarding the above or the enclosed. I apologize that our initial filing did not include the more extensive response submitted in response to your follow-up email last year.

Very truly yours,

A handwritten signature in black ink, appearing to read "W. J. Aseltyn", with a long, sweeping horizontal stroke extending to the right.

William J. Aseltyn  
Senior Vice President and General Counsel

Form **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)

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NORTHEAST MEDICAL GROUP INC</b>		<b>D</b> Employer identification number <b>06-1330992</b>
	Doing Business As		<b>E</b> Telephone number <b>203-688-9642</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>199,349,372.</b>
	<b>226 MILL HILL AVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>BRIDGEPORT, CT 06610</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: <b>JAMES M. STATEN</b> <b>789 HOWARD AVENUE, NEW HAVEN, CT 06519</b>		<b>H(c)</b> Group exemption number	
<b>J</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L</b> Year of formation: <b>1991</b>		<b>M</b> State of legal domicile: <b>CT</b>	
<b>J</b> Website: <b>N/A</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO RENDER AND PROMOTE A HIGH QUALITY OF MEDICAL CARE SERVICES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>1410</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>159,282,381.</b>	<b>199,349,372.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>159,282,381.</b>	<b>199,349,372.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>124,121,917.</b>	<b>145,850,826.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>70,587,287.</b>	<b>96,997,184.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>194,709,204.</b>	<b>242,848,010.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-35,426,823.</b>	<b>-43,498,638.</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>26,085,192.</b>	<b>28,521,365.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>23,516,277.</b>	<b>24,390,311.</b>
		<b>2,568,915.</b>	<b>4,131,054.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	<b>JAMES M. STATEN, TREASURER</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> PTIN if self-employed	<b>P00032493</b>
	Firm's name	Firm's EIN		<b>34-6565596</b>	
	Firm's address		Phone no. <b>317-681-7000</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO RENDER MEDICAL TREATMENT TO PATIENTS WITHOUT REGARD TO ABILITY TO PAY FOR SUCH TREATMENT, AND TO PROMOTE A HIGH QUALITY OF MEDICAL CARE AND OTHER SERVICES FOR THE BENEFIT OF ALL PERSONS IN THE COMMUNITIES IT SERVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No 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?  Yes  No 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 \$ 221,840,565. including grants of \$ ) (Revenue \$ 199,349,372.)

SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 221,840,565.



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 20 items (1-20b) regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
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 so, complete Schedule L, Part II		X
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		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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	X	
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part 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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1099, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 1098-C, Form 4947(a)(1), and Form 720.

**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.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18													
1b Enter the number of voting members included in line 1a, above, who are independent		3												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X											
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					X									
6 Did the organization have members or stockholders?			X											
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X											
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X											
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
8a The governing body?			X											
8b Each committee with authority to act on behalf of the governing body?			X											
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												X		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
10b 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?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
12a Did the organization have a written conflict of interest policy? If "No," go to line 13			X											
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			X											
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			X											
13 Did the organization have a written whistleblower policy?			X											
14 Did the organization have a written document retention and destruction policy?			X											
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?														
15a The organization's CEO, Executive Director, or top management official			X											
15b Other officers or key employees of the organization			X											
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?			X											
16b 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 exempt status with respect to such arrangements?			X											

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KEITH TANDLER - 203-688-9642**  
**789 HOWARD AVE, NEW HAVEN, CT 06519**

**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.

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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER HERBERT CHAIRMAN	2.00 38.00	X		X				0.	1,491,698.	73,714.
(2) ROBERT NORDGREN CEO	39.00 1.00	X		X				573,351.	0.	166,029.
(3) GAYLE CAPOZZALO SECRETARY	1.00 39.00	X		X				0.	1,307,733.	189,700.
(4) PAUL BERTINI (EFF. 6/14) TRUSTEE	1.00 2.00	X						0.	0.	0.
(5) HENRY CABIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(6) JOSEPH CUTERI TRUSTEE	40.00 0.00	X						308,793.	0.	21,386.
(7) RICHARD D'AQUILLA TRUSTEE	1.00 39.00	X						0.	1,618,554.	408,016.
(8) BRIAN DORAN TRUSTEE	1.00 39.00	X						0.	538,211.	217,631.
(9) MICHAEL IVY TRUSTEE	1.00 39.00	X						0.	465,819.	61,055.
(10) WILLIAM JENNINGS TRUSTEE	1.00 39.00	X						0.	986,149.	306,936.
(11) ANDREW KENLER TRUSTEE	40.00 0.00	X						595,877.	0.	37,842.
(12) ALAN LANDAU (EFF. 6/14) TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) FRANKLIN LORIA TRUSTEE	40.00 0.00	X						280,976.	0.	32,323.
(14) RICHARD MANGI TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) ROBERT MCLEAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) PETER SCHULAM TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) PAUL TAHERI TRUSTEE	1.00 1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUDY KLEINSTEIN (THRU 1/14) TRUSTEE	40.00 0.00	X						90,885.	0.	5,720.
(19) FRANK CORVINO TRUSTEE	1.00 39.00	X						0.	1,261,937.	158,791.
(20) MICHAEL LOFTUS CFO	40.00 0.00			X				381,592.	0.	48,138.
(21) JAMES STATEN TREASURER	1.00 39.00			X				0.	1,322,489.	363,666.
(22) JOHN FEDERICO PHYSICIAN	40.00 0.00				X			646,370.	0.	58,928.
(23) NABIL ATWEH PHYSICIAN	40.00 0.00				X			603,237.	0.	86,265.
(24) STUART ZARICH PHYSICIAN	40.00 0.00				X			581,589.	0.	82,468.
(25) HAROLD SAUER PHYSICIAN	40.00 0.00				X			561,168.	0.	41,122.
(26) ANNETTE BOND PHYSICIAN	40.00 0.00				X			555,659.	0.	41,788.
<b>1b Sub-total</b>								5,179,497.	8,992,590.	2,401,518.
<b>c Total from continuation sheets to Part VII, Section A</b>								425,777.	0.	55,997.
<b>d Total (add lines 1b and 1c)</b>								5,605,274.	8,992,590.	2,457,515.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 434

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CARDIAC SPECIALISTS OF FFLD 1305 POST ROAD, FAIRFIELD, CT 06430	MEDICAL	15,023,019.
CONNECTICUT MEDICAL GROUP 9 WASHINGTON AVENUE, HAMDEN, CT 06518	MEDICAL	5,388,486.
YALE MEDICAL GROUP 333 CEDAR STREET, NEW HAVEN, CT 06519	MEDICAL	3,071,244.
GASTROENTEROLOGY ASSOCIATES NYMC-MUNGER PAV STE 206, VALHALLA, NY 10595	MEDICAL	1,250,209.
VANTAGE POINT LLC 9 WASHINGTON AVENUE, HAMDEN, CT 06518	CREDENTIALING ADMIN	1,120,887.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII** Statement of Revenue

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

		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1e-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2 a NET PATIENT REVENUE	621400	118,002,422.	118,002,422.	
	b CONTRACT REVENUE	621300	81,346,950.	81,346,950.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		199,349,372.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		199,349,372.	199,349,372.	0.	0.



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,613,262.		3,613,262.	
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	120,582,043.	117,169,131.	3,412,912.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,909,602.	1,113,093.	796,509.	
9 Other employee benefits	12,380,842.	11,691,938.	688,904.	
10 Payroll taxes	7,365,077.	6,955,264.	409,813.	
11 Fees for services (non-employees):				
a Management				
b Legal	57,060.	52,105.	4,955.	
c Accounting	4,505.	4,114.	391.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	71,076,769.	61,934,611.	9,142,158.	
12 Advertising and promotion	485,316.	443,173.	42,143.	
13 Office expenses	1,187,101.	541,917.	645,184.	
14 Information technology				
15 Royalties				
16 Occupancy	7,566,313.	6,829,844.	736,469.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	553,727.	505,643.	48,084.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,200,824.	799,015.	1,401,809.	
23 Insurance	8,075,861.	8,075,861.		
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.)				
a MEDICAL & SURGICAL SUPP	4,243,324.	4,243,324.		
b MEDICAL EDUCATION	799,556.	799,556.		
c DURS, MEMBERSHIP AND SCR	434,056.	396,364.	37,692.	
d BANK/CREDIT CARD SERVIC	312,772.	285,612.	27,160.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	242,848,010.	221,840,565.	21,007,445.	0.
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 SFP 93-2 (ASC 958-72D)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	11,005,495.	1	2,973,457.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,360,119.	4	13,324,451.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,117,881.	9	2,913,294.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,661,799.		
	10b	Less: accumulated depreciation	10b 2,417,457.		
	10c		1,367,178.	10c	3,244,342.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	890,475.	14	632,475.
15	Other assets. See Part IV, line 11	3,344,044.	15	5,433,346.	
16	<b>Total assets.</b> Add lines 1 through 16 (must equal line 34)	26,085,192.	16	28,521,365.	
Liabilities	17	Accounts payable and accrued expenses	18,412,034.	17	24,390,311.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,104,243.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25	23,516,277.	26	24,390,311.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,568,915.	27	4,131,054.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	2,568,915.	32	4,131,054.
33	<b>Total net assets or fund balances</b>	26,085,192.	33	28,521,365.	
34	<b>Total liabilities and net assets/fund balances</b>		34		

**Part 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	199,349,372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	242,848,010.
3	Revenue less expenses. Subtract line 2 from line 1	3	-43,498,638.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,568,915.
5	Net unrealized gains (losses) on investments	5	
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	45,060,777.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,131,054.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization: **NORTHEAST MEDICAL GROUP INC** Employer identification number: **06-1330992**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	52,592,359.	84,542,395.	111,348,466.	159,282,381.	199,349,372.	607,114,973.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....	52,592,359.	84,542,395.	111,348,466.	159,282,381.	199,349,372.	607,114,973.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....	28,565,979.	44,980,982.	35,337,879.	45,812,160.	75,732,371.	230,429,371.
c Add lines 7a and 7b .....	28,565,979.	44,980,982.	35,337,879.	45,812,160.	75,732,371.	230,429,371.
8 Public support (Subtract line 7c from line 6.)						376,685,602.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 .....	52,592,359.	84,542,395.	111,348,466.	159,282,381.	199,349,372.	607,114,973.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,276.	672.				1,948.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	1,276.	672.				1,948.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)	52,593,635.	84,543,067.	111,348,466.	159,282,381.	199,349,372.	607,116,921.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	62.04 %
16 Public support percentage from 2012 Schedule A, Part III, line 15 .....	16	62.13 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	.00 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18	.01 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number  
06-1330992

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,323,919.	963,132.	360,787.
d Equipment		4,337,880.	1,454,325.	2,883,555.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,244,342.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, 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) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS - EPIC	1,647,168.
(2) DUE FROM AFFILIATES	3,786,178.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,433,346.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	204,674,340.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,324,968.	
e	Add lines 2a through 2d	2e		5,324,968.
3	Subtract line 2e from line 1	3		199,349,372.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		199,349,372.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	250,295,396.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	7,447,386.	
e	Add lines 2a through 2d	2e		7,447,386.
3	Subtract line 2e from line 1	3		242,848,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		242,848,010.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

INCOME REPORTED ON NEMG, PLLC RETURN 5,324,968.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

EXPENSES REPORTED ON NEMG, PLLC RETURN 7,447,386.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

**NORTHEAST MEDICAL GROUP INC**

Employer identification number

**06-1330992**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

**NORTHEAST MEDICAL GROUP INC**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation:			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER HERBERT CHAIRMAN	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT NORDGREN CEO	766,707.	239,057.	485,934.	20,150.	53,564.	1,565,412.	0.
(3) GAYLE CAPOZZALO SECRETARY	407,367.	113,705.	52,279.	144,692.	21,337.	739,380.	1,568.
(4) JOSEPH CUTERI TRUSTEE	0.	0.	0.	0.	0.	0.	0.
(5) RICHARD D'AQUILLA TRUSTEE	0.	0.	0.	0.	0.	0.	0.
(6) BRIAN DORAN TRUSTEE	658,678.	230,015.	419,040.	143,650.	46,050.	1,497,433.	0.
(7) MICHAEL IVY TRUSTEE	303,654.	0.	5,139.	11,325.	10,061.	330,179.	0.
(8) WILLIAM JENNINGS TRUSTEE	0.	0.	0.	0.	0.	0.	0.
(9) ANDREW KENLER TRUSTEE	1,065,578.	397,670.	155,306.	384,934.	23,082.	2,026,570.	18,057.
(10) FRANKLIN LORLA TRUSTEE	413,488.	85,297.	39,426.	184,134.	33,497.	755,842.	0.
(11) FRANK CORVINO TRUSTEE	376,596.	60,823.	28,400.	15,790.	45,265.	526,874.	0.
(12) MICHAEL LOFTUS CFO	677,406.	234,533.	74,210.	256,858.	50,078.	1,293,085.	0.
(13) JAMES STATEN TREASURER	572,877.	0.	23,000.	15,885.	21,957.	633,719.	0.
(14) JOHN FEDERICO PHYSICIAN	263,476.	0.	17,500.	11,325.	20,998.	313,299.	0.
(15) NABIL ATWEH PHYSICIAN	0.	0.	0.	0.	0.	0.	0.
(16) STEWART ZARICH PHYSICIAN	832,364.	393,985.	35,588.	137,650.	21,141.	1,420,728.	18,161.
	278,071.	66,515.	37,006.	29,108.	19,030.	429,730.	5,149.
	0.	0.	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.	0.	0.
	943,269.	287,840.	91,380.	342,371.	21,295.	1,686,155.	41,683.
	585,991.	40,623.	19,756.	15,150.	43,778.	705,298.	0.
	0.	0.	0.	0.	0.	0.	0.
	572,859.	7,378.	23,000.	20,442.	65,823.	689,502.	0.
	0.	0.	0.	0.	0.	0.	0.
	558,589.	0.	23,000.	19,737.	62,731.	664,057.	0.
	0.	0.	0.	0.	0.	0.	0.



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4B:**

PARTICIPATE IN, OR RECEIVE PAYMENT FROM, A SUPPLEMENTAL

## NONQUALIFIED RETIREMENT PLAN:

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
WILLIAM M. JENNINGS	\$0	\$139,208	\$0
JAMES STATEN	\$0	\$185,221	\$0
RICHARD D' AQUILLA	\$0	\$218,016	\$0
ROBERT NORDGREN	\$0	\$ 82,059	\$0
BRIAN DORAN	\$0	\$ 96,984	\$0

THE INDIVIDUALS LISTED ABOVE ARE PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS CONSISTENT WITH THE COMPENSATION REPORTING PER IRS INSTRUCTIONS.

INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED DURING THE REPORTING YEAR. INCLUDED IN SECTION II,

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2013 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2013 CALENDAR YEAR FORM W-2S.

GAYLE CAPAZZALO \$ 322,870

PETER HERBERT \$ 390,067

ONE FORMER OFFICER, ROBERT TREFRY, RECEIVED PAYMENT FROM THE NONQUALIFIED PLAN. THE AMOUNT IS NOT INCLUDED IN COLUMN B OR C. THE FOLLOWING PAYMENT WAS MADE DIRECTLY TO HIM FROM THE RABBI TRUST:

ROBERT TREFRY \$216,182

THE SUPPLEMENTAL RETIREMENT PLAN IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS. THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).

PART I, LINE 7:

THE SHORT TERM INCENTIVE PLAN IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CONNECTICUT MEDICAL GROUP,	SEE SCHEDULE O	9,022,813.	SEE PART V		X
PRIMED, LLC	SEE SCHEDULE O	19,569,803.	SEE PART V		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CONNECTICUT MEDICAL GROUP, LLC

PART IV, COLUMN D

NAME OF INTERESTED PERSON: CONNECTICUT MEDICAL GROUP, LLC

TRUSTEES RICHARD MANGI AND ROBERT MCLEAN ARE PARTIAL OWNERS OF  
CONNECTICUT MEDICAL GROUP, LLC, WHICH PROVIDES SERVICES TO THE  
ORGANIZATION.

AMOUNT OF TRANSACTION: \$9,022,813

NAME OF INTERESTED PERSON: PRIMED, LLC

TRUSTEES NICHOLAS BERTINI AND ALAN LANDAU ARE PARTIAL OWNERS OF PRIMED,  
LLC, WHICH PROVIDES SERVICES TO THE ORGANIZATION.

AMOUNT OF TRANSACTION: \$19,569,803

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN PURSUIT OF ITS CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES,  
NORTHEAST MEDICAL GROUP INCURRED COSTS RELATED TO PROVIDING MEDICAL  
CARE THROUGH ITS PHYSICIANS TO ITS OWN PATIENTS AND TO PATIENTS OF  
HOSPITALS AFFILIATED WITH YALE-NEW HAVEN HEALTH SERVICES CORPORATION  
AND TO PATIENTS THROUGHOUT THE COMMUNITY SERVED BY THESE HOSPITALS.  
THESE SERVICES INCLUDED DIRECT PATIENT CARE AND MEDICAL RESEARCH ALONG  
WITH ADMINISTRATIVE SERVICES PROVIDED TO HOSPITALS AFFILIATED WITH YALE  
NEW HAVEN HEALTH SERVICES CORPORATION, ALL OF WHICH PROMOTE AND ENHANCE  
THE QUALITY OF HEALTH CARE WITHIN THE COMMUNITY. EXAMPLE OF SERVICES  
PROVIDED BY THE CORPORATION INCLUDES THE FOLLOWING:

1. THE STUDY, DIAGNOSIS AND TREATMENT OF HUMAN AILMENTS AND INJURIES BY  
LICENSED PERSONS.

2. THE RENDERING OF MEDICAL AND SURGICAL TREATMENT, CONSULTATION OR  
ADVICE BY EMPLOYEES OR AGENTS OF THE CORPORATION, ALL OF WHOM MUST BE  
PERSONS LICENSED UNDER CONNECTICUT LAW, TO PATIENTS WITHOUT REGARD TO  
RACE, COLOR, CREED, SEX, AGE OR ABILITY TO PAY FOR SUCH CARE AND  
SERVICES.

3. THE PROMOTION, ENHANCEMENT, IMPROVEMENT AND DEVELOPMENT OF MEDICAL,  
SURGICAL AND SCIENTIFIC RESEARCH AT HOSPITALS AFFILIATED WITH YALE NEW  
HAVEN HEALTH SERVICES CORPORATION AND THROUGHOUT THE COMMUNITIES THEY  
SERVE.

4. THE PROMOTION, ENHANCEMENT, IMPROVEMENT AND AUGMENTATION OF THE  
QUALITY OF MEDICAL AND CLINICAL EDUCATION AND PATIENT CARE AT HOSPITALS  
AFFILIATED WITH YALE NEW HAVEN HEALTH SERVICES CORPORATION.

5. THE PROMOTION AND ENHANCEMENT OF HIGH QUALITY MEDICAL CARE AND OTHER

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

HUMAN SERVICES FOR THE BENEFIT OF ALL PERSONS IN THE COMMUNITIES IT SERVES.

6. THE AUGMENTATION OF THE PLANNING PROCESS FOR THE PROMOTION OF THE GENERAL WELL-BEING AND HUMAN HEALTH NEEDS OF THE COMMUNITIES IT SERVES.

FREE AND CHARITY SERVICES RELATE TO SERVICES PROVIDED FOR WHICH NO PAYMENT IS ANTICIPATED. THE AMOUNT OF FREE AND CHARITY CARE PROVIDED WAS \$903,089 AND \$790,638 FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY. THESE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES.

RELATIONSHIP OF ACTIVITIES -

NORTHEAST MEDICAL GROUP PROVIDES PATIENT CARE SERVICES INVOLVING THE DIAGNOSES AND TREATMENT OF HUMAN AILMENTS THAT IMPROVE THE QUALITY OF HEALTH CARE IN THE SERVICE AREA OF PROVIDERS AFFILIATED WITH YALE NEW HAVEN HEALTH SERVICES CORPORATION. MEDICAL CARE IS PROVIDED TO ANYONE REQUIRING CARE, REGARDLESS OF WHETHER THEY HAVE INSURANCE OR THEIR ABILITY TO PAY. IN ADDITION, NORTHEAST MEDICAL GROUP PHYSICIANS ALSO ARE INVOLVED IN PROVIDING MEDICAL EDUCATION, RESEARCH AND ADMINISTRATIVE SERVICES TO HOSPITALS IN YALE NEW HAVEN HEALTH SERVICES CORPORATION. IN ADDITION TO PROVIDING PHYSICIANS TO CARE FOR PATIENTS WHO ARE IN NEED OF CARE AS HOSPITAL INPATIENTS OR IN HOSPITAL CLINICS, NORTHEAST MEDICAL GROUP ALSO OPERATES PRACTICES IN THE COMMUNITY WITH A SPECIAL EMPHASIS ON MUCH-NEEDED PRIMARY CARE SERVICES. NORTHEAST MEDICAL GROUP IS THE PHYSICIAN PRACTICE ARM OF YALE NEW HAVEN HEALTH SYSTEM, AND IS WELL-POSITIONED TO ASSIST YALE NEW HAVEN HEALTH SYSTEM RESPOND TO THE MANY CHANGES IN THE INDUSTRY ANTICIPATED AS A RESULT OF HEALTH CARE REFORM, INCLUDING THE MOVE TO BUNDLED PAYMENTS, VALUE-BASED PURCHASING AND ACCOUNTABLE CARE ORGANIZATIONS.

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

## FORM 990, PART VI:

## NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY

PURSUANT TO THE ORGANIZATION'S BYLAWS, THE ORGANIZATION'S SOLE MEMBER, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE CODE (THE "PARENT"), APPOINTS OR APPROVES THE ORGANIZATION'S BOARD OF TRUSTEES. THE BYLAWS REQUIRE THAT THE ORGANIZATION'S BOARD OF TRUSTEES BE COMPRISED OF INDIVIDUALS WHO ARE, OR ARE APPOINTED BY, (1) OFFICERS OR EMPLOYEES OF THE PARENT, (2) OFFICERS OR EMPLOYEES OF A RELATED ORGANIZATION OF THE PARENT OR (3) OFFICERS, EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION. AS A RESULT, THE MAJORITY OF THE ORGANIZATION'S CURRENT VOTING MEMBERS ARE NOT INDEPENDENT BECAUSE THEY ARE COMPENSATED AS OFFICERS OR EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION. CERTAIN OF THESE INDIVIDUALS ARE MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES ONLY AS A FUNCTION OF THEIR ROLES WITH THE PARENT OR THE ORGANIZATION AND CERTAIN OTHERS ARE REQUIRED TO BE EMPLOYEES BY THE ORGANIZATION'S BYLAWS.

## FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES

TRUSTEES RICHARD MANGI AND ROBERT MCLEAN ARE PARTIAL OWNERS OF THE SAME BUSINESS ENTITY. TRUSTEES NICHOLAS BERTINI AND ALAN LANDAU ARE PARTIAL OWNERS OF THE SAME BUSINESS ENTITY. SOME OF THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF A TAXABLE AFFILIATE WITHIN THE ORGANIZATION'S CORPORATE SYSTEM. THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATE AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION. THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

AS OFFICERS AND/OR DIRECTORS INCLUDE YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION.

FORM 990, PART VI, SECTION A, LINE 4:

NORTHEAST MEDICAL GROUP AMENDED AND RESTATED ITS ORGANIZATIONAL DOCUMENTS EFFECTIVE MAY 16, 2014 SO THAT ITS BYLAWS AND CHARTER WERE IN CONFORMANCE WITH THOSE OF OTHER ENTITIES AFFILIATED WITH YALE NEW HAVEN HEALTH SYSTEM. THE BYLAWS REVISIONS CHANGED THE TERMS OF TRUSTEES FROM 2 TO 3 YEARS, EXPANDED THE RESERVE POWERS OF THE CORPORATE PARENT, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, AND MADE OTHER CHANGES CONSISTENT WITH NORTHEAST MEDICAL GROUP JOINING THE YALE NEW HAVEN OBLIGATED GROUP.

FORM 990, PART VI, SECTION A, LINE 6:

NORTHEAST MEDICAL GROUP, INC. HAS ONE MEMBER, YALE-NEW HAVEN HEALTH SERVICES CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBER, YALE NEW HAVEN HEALTH SERVICES CORPORATION, HAS THE RIGHT TO ELECT THE BOARD OF TRUSTEES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBER, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, HAS THE RIGHT TO ELECT THE BOARD OF TRUSTEES OF THE ORGANIZATION, AND (ON THE RECOMMENDATION OF THE BOARD OF TRUSTEES) THE FOLLOWING ADDITIONAL RIGHTS: TO APPROVE OPERATING, CASH FLOW AND CAPITAL BUDGETS; TO APPROVE GRADUATE AND UNDERGRADUATE MEDICAL EDUCATION ARRANGEMENTS; TO APPROVE MAJOR NEW CLINICAL PROGRAMS AND SERVICES AND CONTINUATION OF SAME; APPROVAL OF

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

STRATEGIC PLANS; AND ADOPTION OF SAFETY AND QUALITY ASSESSMENT POLICIES; TO APPROVE THE MERGER, CONSOLIDATION, DISSOLUTION OR THE SALE OF ALL OR SUBSTANTIALLY ALL THE ORGANIZATION'S ASSETS; TO AMEND THE CERTIFICATE OF INCORPORATION AND BYLAWS OF THE ORGANIZATION, TO APPROVE THE EXECUTION OF LONG-TERM OR MATERIAL AGREEMENTS, TO APPROVE THE APPOINTMENT OF AN INDEPENDENT AUDITOR AND THE HIRING OF INDEPENDENT COUNSEL, TO AUTHORIZE THE EXECUTION OF CONTRACTS WITH AN UNRELATED THIRD PARTY FOR MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE ORGANIZATION, AND TO APPROVE COMPENSATION OF EMPLOYED PHYSICIANS. YALE-NEW HAVEN HEALTH SERVICES CORPORATION RETAINS THE FOLLOWING AUTHORITY: ADOPTION OF BUDGETARY TARGETS, INDEBTEDNESS, MANAGEMENT AND CONTROL OF LIQUID ASSETS, APPOINTMENT OF THE INDEPENDENT AUDITOR AND APPOINTMENT OF THE CEO.

FORM 990, PART VI, SECTION B, LINE 11:

THE NORTHEAST MEDICAL GROUP ("NEMG") BOARD OF TRUSTEES IS COMPRISED OF INDIVIDUALS WHO ARE OFFICERS OR EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION. NEMG IS A MEDICAL FOUNDATION FORMED UNDER CONNECTICUT GENERAL STATUTES SEC. 33-182AA - SEC.33-182FF. PURSUANT TO CONNECTICUT LAW, MEDICAL FOUNDATIONS MUST BE, 'GOVERNED BY A BOARD OF TRUSTEES, WHICH SHALL CONSIST OF AN EQUAL OR GREATER NUMBER OF [HEALTH CARE] PROVIDERS THAN NONPROVIDER EMPLOYEES OF THE MEMBERS, IN ADDITION TO SUCH OTHER TRUSTEES AS MAY BE ELECTED BY THE MEMBERS.' CONN. GEN. STAT. SEC. 33-182BB(A). THE PARENT ENTITY, YALE-NEW HAVEN HEALTH SERVICES CORPORATION (THE SOLE MEMBER OF THE ORGANIZATION AND THE ULTIMATE PARENT OF THE YALE NEW HAVEN HEALTH SYSTEM), IS GOVERNED BY A BOARD OF TRUSTEES COMPRISED OF A MAJORITY OF INDEPENDENT TRUSTEES. IN A MULTI-ENTITY HOSPITAL SYSTEM, THE BOARD OF A SUBSIDIARY NON-PROFIT HEALTH CARE ORGANIZATION IS CONSIDERED TO BE COMPRISED OF INDEPENDENT COMMUNITY MEMBERS



Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

IF IT IS CONTROLLED BY AN EXEMPT ORGANIZATION WHOSE BOARD IS COMPRISED OF A MAJORITY OF VOTING MEMBERS WHO ARE INDEPENDENT COMMUNITY MEMBERS (SEE TAX-EXEMPT HEALTH CARE ORGANIZATIONS COMMUNITY BOARD AND CONFLICTS OF INTEREST POLICY, IRS EXEMPT ORGANIZATION CONTINUING PROFESSIONAL EDUCATION INSTRUCTION PROGRAM, [HTTP://WWW.IRS.GOV/PUB/IRS-TEGE/EOTOPIC97.PDF](http://www.irs.gov/pub/irs-tege/eotopic97.pdf), 1997). AS A RESULT OF THIS GOVERNANCE STRUCTURE, AND TO MANAGE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, THE ORGANIZATION'S BYLAWS PROVIDE THAT ALL DECISIONS REGARDING ORGANIZATION PHYSICIAN COMPENSATION ARE RESERVED TO THE PARENT ENTITY. FOR THE FOREGOING REASONS, THE ORGANIZATION'S FORM 990 HAS BEEN MADE AVAILABLE TO ALL MEMBERS OF THE PARENT ENTITY'S GOVERNING BODY RATHER THAN TO THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C:

NORTHEAST MEDICAL GROUP IS COVERED UNDER THE YALE-NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY. THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY (CC:R-7) AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES. THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER. COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT. THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A POTENTIAL CONFLICT ARISES, THE CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT HE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

POTENTIAL CONFLICT OF INTEREST. FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A - COMPENSATION PROCESS FOR TOP OFFICERS-

THE OFFICERS OF NORTHEAST MEDICAL GROUP ARE ALSO OFFICERS WITHIN YALE NEW HAVEN HEALTH SYSTEM AND SO ARE COVERED BY THE PROCESS USED BY YALE NEW HAVEN HEALTH SYSTEM TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW.

THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD.

LINE 15B - COMPENSATION PROCESS FOR OTHER OFFICERS AND KEY EMPLOYEES- THE OFFICERS OF NORTHEAST MEDICAL GROUP ARE ALSO OFFICERS WITHIN YALE NEW HAVEN HEALTH SYSTEM AND SO ARE COVERED BY THE PROCESS USED BY YALE NEW HAVEN HEALTH SYSTEM TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS.

THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF

MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

ANY AVAILABLE COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT. THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE.

COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	2,270,576.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,270,576.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,204,641.
MANAGEMENT AND GENERAL EXPENSES	3,371,586.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,576,227.

PURCHASE SERVICES:

332212  
05-04-13

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

PROGRAM SERVICE EXPENSES	58,459,394.
MANAGEMENT AND GENERAL EXPENSES	5,770,572.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,229,966.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	71,076,769.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER FROM YALE-NEW HAVEN HEALTH SERVICES	47,183,195.
TRANSFER TO NEMG PLLC	-2,122,418.
TOTAL TO FORM 990, PART XI, LINE 9	45,060,777.

SCHEDULE R  
(Form 990)

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **NORTHEAST MEDICAL GROUP INC** Employer identification number **06-1330992**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTHEAST MEDICAL GROUP ACO, LLC - 47-0970286, 226 MILL HILL AVENUE, BRIDGEPORT, CT 06610	AN ACCOUNTABLE CARE ORGANIZATION	CONNECTICUT	0.	5,000	NORTHEAST MEDICAL GROUP INC.

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GREENWICH HOSPITAL - 06-0546659 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES INC.	X	
GREENWICH HEALTH CARE SERVICES INC - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP	X	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES - MERGED 5/2014 - 06-1066729, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	X	

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

Schedule R (Form 990) 2013

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 513(b)(13) controlled organization?	
						Yes	No
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES, INC. - 06-1297708, 267 GRANT STREET, BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		SEE SCHEDULE R, PART VII	X	
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	SEE SCHEDULE R, PART VII	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 7	SEE SCHEDULE R, PART VII	X	
NORMA F PFERIM BREAST CANCER INC - MERGED 2/2014 - 06-0567752, 111 BEACH ROAD, FAIRFIELD, CT 06430	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	X	
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP, INC	X	
YNH NETWORK CORP - MERGED 5/2014 - 06-1513687, 789 HOWARD AVE, NEW HAVEN, CT 06519	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	X	
YALE-NEW HAVEN HOSPITAL - 06-0546652 20 YORK STREET NEW HAVEN, CT 06504	HEALTHCARE	CONNECTICUT	501C3	LINE 3	SEE SCHEDULE R, PART VII	X	
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME	CONNECTICUT	501C3	LINE 3	SEE SCHEDULE R, PART VII	X	
CARITAS INSURANCE - 03-0322238 30 MAIN STREET BURLINGTON, VT 05401	INSURANCE	VERMONT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	X	
YALE NEW HAVEN HEALTH SERVICES CORP - 22-2529464, 789 HOWARD AVE, NEW HAVEN, CT 06519	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	N/A		X
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
BRIDGEPORT HOSPITAL - 06-0646554 267 GRANT STREET BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 3	SEE SCHEDULE R, PART VII	X	





**Part III** Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded if not tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORBLINE SURGERY CENTER LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SSC II LLC - 26-1709382 111 GOOSE LANE GUILDFORD, CT 06437	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ORTHOPAEDIC & NEUROSURGERY CENTER - 27-3477197, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP	N/A	N/A	N/A		X
YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A		X
MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	RENTAL	CT	N/A	C CORP	N/A	N/A	N/A		X
GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A		X
GREENWICH PEDIATRIC SERVICES PC - DISSOLVED 9/2014 - 74-3054409, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GREENWICH INTEGRATIVE MEDICINE - DISSOLVED 9/2014 - 26-0236411, 5 FERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH FERTILITY & IVF PC - 30-0145464 5 FERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511	TITLE HOLDING	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519	ADMINISTRATIVE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES INC - 06-1540101, 5 FERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A	X	
LUKAN INDEMNITY COMPANY - 06-0646652 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY - 45-3833883, 5 FERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NJ	N/A	C CORP	N/A	N/A	N/A	X	
PRIMARYNET OF CONNECTICUT, INC. - 06-1463534 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY MANAGEMENT SERVICES, INC. - 06-1303173, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	RECEIVABLE MANAGEMENT	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY FINANCIAL SERVICES, INC. - 06-1110797, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	DEBT COLLECTION	CT	N/A	C CORP	N/A	N/A	N/A	X	

**Part IV** Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN HEALTH SERVICES CORP	S	47,183,195.	CASH
(2) PERRYRIDGE CORPORATION	K	444,563.	COMPARABLE MARKET VALUE
(3) NORTHEAST MEDICAL GROUP PLLC	R	2,122,418.	CASH
(4) YALE-NEW HAVEN HOSPITAL	M	3,158,540.	TRANSACTION REVIEW
(5) YALE NEW HAVEN HEALTH SERVICES CORP	M	7,180,141.	COMPARABLE MARKET VALUE
(6)			



Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II (F), DIRECT CONTROLLING ENTITY OF TAX-EXEMPT ORGANIZATIONS:

BRIDGEPORT HOSPITAL -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14

BRIDGEPORT HOSPITAL AUXILIARY INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

BRIDGEPORT HOSPITAL FOUNDATION, INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

SOUTHERN CT HEALTH SYSTEM PROPERTIES INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

YALE-NEW HAVEN CARE CONTINUUM CORP -

YNH NETWORK CORP 10/1/13-5/16/14

YALE-NEW HAVEN HOSPITAL 5/17/14 - 9/30/14

YALE-NEW HAVEN HOSPITAL -

YNH NETWORK CORP 10/1/13-5/16/14

YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14