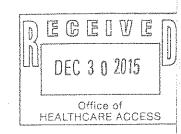
Medical Foundation: L&M Physician Association, Inc. 2015 Annual Report Submitted December 30, 2015



Statement of L&M Physician Association, Inc.'s Mission

To benefit the health status of the community served by the Hospitals through integrating various physicians and other healthcare professionals

Description of Services provided by L&M Physician Association, Inc.

L&M Physician Association, Inc. supports Lawrence + Memorial Hospital's and Westerly Hospital's commitment to advance the health and well-being of the individuals in the hospitals' service areas by engaging physicians and non-physician providers to provide clinical services to the hospitals and organizations affiliated with the hospitals for the purpose of practicing medicine and providing health care services as a medical foundation.

<u>Description of any Significant Change in the Services Provided by L&M Physician Association, Inc. during the Preceding Fiscal Year</u>

In the last fiscal year, L&M Physician Association, Inc. increased access to primary care through recruitment of 18 physician and non-physician primary care providers including family practice, internal medicine, behavioral health, and OB-GYN. Same day access was expanded with the opening of the immediate care site in Waterford, Connecticut at extended hours. Coordination of care for patients was expanded with the addition of Nurse Care Managers at the sites. Patients discharged from Lawrence + Memorial Hospital without a primary care physician were offered appointments with a L&M Physician Association, Inc. physician within 1 week of discharge. Neonatologists were moved from L&M Physician Association, Inc. to Yale Medical Group in January 2015.

Other Financial Information

Please refer to Attachment A for L&M Physician Association, Inc.'s most recently filed IRS Form 990.

Attachment A

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

Open to Public

Form **990** (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.

Inspection

A	or the	= 2013 calendar year, or tax year beginning $= 10/01$, 201	is, and endin				7/30, 20 14			
ъ.		C Name of organization		I □	, ,		cation number			
В (heck if appl	L&M PHYSICIAN ASSOCIATION INC.			27-109	437	5			
	Address change									
	Name c	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	E Telephone number					
	Initial re	eturn 365 MONTAUK AVENUE		((860) 442-0711					
_	Termina	City or town, state or province, country, and ZIP or foreign postal code			• •		-			
	Amende	NEW LONDON, CT 06320		G	Gross receip	ts \$	33,555,361.			
	return Applicat			H(a) Is this a grou	up retu	ırn for Yes X No			
_	pending	365 MONTAUK AVENUE NEW LONDON, CT 06320		H(I	subordinates a) Are all subord		noluded? Yes No			
$\overline{}$	Tax-exer	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(*	1) or 52		•		t. (see instructions)			
÷		: ► N/A	1 1 1		c) Group exem	otion n	number 🕨			
K		organization: X Corporation Trust Association Other	I Year of				of legal domicile: CT			
منشور	art	Summary	12 134 3	1011110000	2000	Utate				
		Briefly describe the organization's mission or most significant activities: $L\&M$	DHYSTCTAN	ASSOC	TATTON	ΤN	IC TIPHOLDS			
-		PROMOTES, AND FURTHERS THE WELFARE, PROGRAMS AN								
nce			D ACITATI	TEO OF						
rna	1 _	LAWRENCE & MEMORIAL HOSPITAL.		050/ 5						
Governance		Check this box Fig. if the organization discontinued its operations or disposit					0			
Ō	1	Number of voting members of the governing body (Part VI, line 1a)				3	8.			
S	1	Number of independent voting members of the governing body (Part VI, line 1b)				4	1.			
Activities &	}	Total number of individuals employed in calendar year 2013 (Part V, line 2a), .				5	425.			
ŧ		Total number of volunteers (estimate if necessary)				6	1.			
∢	7a ⊺	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0			
	Ь١	Net unrelated business taxable income from Form 990-T, line 34				7b	0			
				F	rior Year		Current Year			
Ф	8 0	Contributions and grants (Part VIII, line 1h)				0	0			
nu	9 F	Program service revenue (Part VIII, line 2g)		25	,849,25		33,586,961.			
Revenue	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				0	-31,600.			
ш	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,10	_	0				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	·	2.5	,860,35	0.	33,555,361.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0	0			
	14 B	Benefits paid to or for members (Part IX, column (A), line 4)			0	0				
(n		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	30	,962,63	3.	43,822,090.				
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)				0	0			
ē		Fotal fundraising expenses (Part IX, column (D), line 25) ▶								
யி	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8	,940,53	2.	12,866,666.			
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		39	,903,16	5.	56,688,756.			
	1	Revenue less expenses. Subtract line 18 from line 12		-14	,042,81	5.	-23,133,395.			
2 8				Beginnin	g of Current \	/еаг	End of Year			
Net Assets or Fund Balances	20 T	Total assets (Part X, line 16)		7	,372,34	3.	8,302,421.			
Ass	21 T	Total liabilities (Part X, line 26)			,021,22		9,219,330.			
le t	22 N	Net assets or fund balances. Subtract line 21 from line 20.		1	,351,11	4.	-916,909.			
4.1		Signature Block			· · · · · · · · · · · · · · · · · · ·					
tln	der nene	alties of perium. I declare that I have examined this return, including accompanying sche	edules and staten	nents, and	to the best of	my	knowledge and belief, it is			
tru	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer has	s any know	ledge.					
		\								
Sig	ın	Signature of officer			Date					
He	re		PRESIDENT	/CFO						
		Type or print name and title	TIMOIDHIL	7010						
		Print/Type preparer's name Preparer's Apnatur	Date		Check	if [PTIN			
Pak	4	Ver. 60-413 / B	08/11/20	15	self-employ	, ''	P01390592			
Pre	parer 🖯	. DETARTS MODIFICATION TEN	100/11/20		m's EIN ▶ 1					
Use		Firm's name PRICEWATERHOUSECOOPERS LLP					-530-5000			
		Firm's address ▶125 HIGH STREET BOSTON, MA 02110 S discuss this return with the preparer shown above? (see instructions)		Ph	one no. 6	1 / -				
May	rne (R)	5 discuss this return with the preparer shown above? (See Instructions)					X Yes No.			

For Paperwork Reduction Act Notice, see the separate instructions.

Form	akesa a			
: 6	Statement of Program Service		III	
1	Briefly describe the organization's mission			
	TO BENEFIT THE HEALTH STATU		Y THE HOSPITAL	
	THROUGH INTEGRATING VARIOUS			
	PROFESSIONALS.			
				es X
3	If "Yes," describe these new services on Did the organization cease conducting	ig, or make significant changes in h		
	services? If "Yes," describe these changes on Scho	edule O.		es X
		c)(4) organizations are required to rep	ts three largest program services, as ort the amount of grants and allocatio	
) (Revenue \$	61)
	L&M PHYSICIAN ASSOCIATION,			
	HOSPITAL AND LMW HEALTHCARE			
	WELL-BEING OF THE INDIVIDUA (WHICH IS GREATER NEW LONDO)		***************************************	
	PHYSICIANS TO PROVIDE PHYSI			
	ORGANIZATIONS AFFILIATED WI			
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-	MEDICAL FOUNDATION.	VIDING HIMHIH CARE SHRVICHS	70 71	
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	(Code:) (Expenses \$	including grants of \$		
	(Code:) (Expenses \$ Other program services (Describe in Sch	including grants of \$) (Revenue \$	
4c ((Code:) (Expenses \$	including grants of \$) (Revenue \$	

Page 3

Pari	M Checklist of Required Schedules			
			Yes	Nο
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	-	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	T Chirocols	igi etel	
	VII, VIII, IX, or X as applicable.	CONTRACTOR OF THE PROPERTY OF		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			**
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			**
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			57
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		X
00	If "Yes," complete Schedule G, Part III	19		<u>X</u>
		20a 20b		
р	In Tes to line Zoa, did the diganization attach a copy of its addited infaholal statements to this fetting	400		

Part	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	21		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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	$\overline{}$		
204	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ļ
	If "Yes," complete Schedule L, Part [25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
		26		Х
	disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	:	22
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	20-	inginat.	TO V
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV.	28b	-	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28¢		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			İ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			-
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	l
			990	(0040

Form 990 (2013)

Pan	e	į

FEI	Check if Schedule O contains a response or note to any line in this Part V			Γ
	Check it Schedule O contains a response of flote to any file lit this Fait V	• • • • •	Yes	Ť
1-2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ਰ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	***************************************	346
		100000	140014710791	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 42	5		
	Otatements, face for the ediched year chang with or warm the year covered by this return.	************	X	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		A Consists	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		.Cuton	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1 1		╀
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			ł
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1		
	account)?	. 4a	M247.00	
	If "Yes," enter the name of the foreign country: ▶	inigioù		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		Liping.	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		ļ
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Τ
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	20X2XX		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			I
	and services provided to the payor?	7a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		T
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			t
	required to file Form 8282?	. 7c		l
	If "Yes," indicate the number of Forms 8282 filed during the year			
	in too, indicate the name of the owner and adding the year 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	7e	NESSEE (1953)	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1		t
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		t
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		ł
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	0317973621037		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		LIGOTELET	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		iliani politici iliani politici i	
	organization, have excess business holdings at any time during the year?	. 8		
	Sponsoring organizations maintaining donor advised funds.			33
	Did the organization make any taxable distributions under section 4966?	. 9a		ł
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b	stistioin:	1
	Section 501(c)(7) organizations. Enter:).com		20110
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			200
I	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11 11 11 11		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		Î
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			2000
	-			Sec.
		44-	enexer(200
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		t
n	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. [140]		L (2

Sect	ion A. Governing Body and Management			1	·····
		ı	- Filosophusi	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		68265
2_	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with	Distant		
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or un	nder the direct	:		
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to e		:		
	one or more members of the governing body?		7a	X	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions und				
	the year by the following:		- Land Control		
а	The governing body?		8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	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		9	<u> </u>	X
Sect	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenu	e Code	e.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f		11a	X	<u></u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests				
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p		,		
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Χ	<u> </u>
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Χ
7	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
. •	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		200		
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
_	organization's exempt status with respect to such arrangements?		16b	L	<u></u>
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and				
	available for public inspection. Indicate how you made these available. Check all that apply.	•	,	,	• /
	Own website Another's website X Upon request Other (explain in Sch	redule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	ts, conflict of in	nterest	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		
		142-0711			
JSA			Form	990	(2013)

1684FG 7377

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

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

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

- 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	box,	Pos neck ss pe d a d	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutionat trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)DANIEL RISSI, MD	2.00									
DIRECTOR	38.00	X				<u>.</u>		C	382,737.	66,098.
(2)PAMELA KANE	30.00									
EXECUTIVE DIRECTOR (UNTIL 7/14)	10.00	X		Χ				C	223,208.	55,161.
(3)BRENDA APPLEGATE, MD	40.00									
CHAIR	0	X						191,417.	0	31,066.
(4)ROBERT CIOTOLA, MD	40.00									
DIRECTOR	0	Х					ļ	171,290.	.0	27,981.
(5)JON GAUDIO, MD	40.00									
DIRECTOR	0	X					L.	501,055.	0	36,252.
(6)ANTONIO TOLEDO, MD	2.00									0
DIRECTOR	0	X				L		C	0	0
(7)CHRISTOPHER LEHRACH MD	2.00							_		
PRESIDENT (AS OF 07/14)	38.00	X		X					209,144.	22,653.
(8)H ANTHONY CARTER	40.00									_
SECRETARY (AS OF 12/30/13)	0	X		Χ				C	0	0
(9)PAUL BOURGUIGNON MD	40.00								_	
DIRECTOR (AS OF 12/30/13)	0	X						182,291.	. 0	17,496.
(10)KIMBERLY KALAJAINEN	2.00									
SECRETARY (UNTIL 12/2013)	38.00	X		Χ	<u></u>			C	218,437.	49,105.
(11)VICTORIA SAMUELS	40.00									
DIRECTOR (UNTIL 11/18/13)	0	X						386,904.	0	16,629.
(12)LUGENE INZANA	2.00									
TREASURER (UNTIL 2/14)	38.00			Χ				C	339,689.	64,510.
(13)BRUCE D. CUMMINGS	2.00									
CEO	38.00			Χ					586,388.	111,145.
(14)JIM MOYLAN	2.00							_		_
INTERIM CFO (02/14 TO 07/14)	38.00			Χ				C	0	0

Form 990 (2013)

Par	t VII Section A. Officers, Directors,	Trustees, Ke	y En	ıplo	yee	es,	and I	lig	hest Compensat	ed Emplo	yees (c	ontinuec	3)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	not ch unles er and	s pe	ition more rson irect	than of is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		other compensation from the organization	
		below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	, ,				ı	related rizations
			æ	tee			sated						
15)	SETH VAN ESSENDELFT CFO (AS OF 08/2014)	2.00 38.00			Х				0		0		ı
16)	ROSHANAK BAGHERI MD PHYSICIAN	40.00					Х		526,275.		0	3	30,610.
<u>17)</u>	PATRICK DOHERTY MD PHYSICIAN	40.00					Х		587,582.		0		35,005
18)	SEPEHR SAJJAD MD PHYSICIAN	40.00					X		575,913.		0,		22,415.
19)	RICHARD FAZIO MD	40.00					X		405,626.				32,342.
20)	PHYSICIAN PETER MILSTEIN MD	40.00											
	PHYSICIAN	0					Х		405,963.				27,861.
												<u> </u>	··-
									1 422 057	1 050	602	A C	000
	Sub-total Total from continuation sheets to Part VII							▶	1,432,957. 2,501,359.		0	14	8,096. 8,233.
	Total (add lines 1b and 1c)							<u> </u>	3,934,316.	· · · · · · · · · · · · · · · · · · ·		64	6,329.
	reportable compensation from the organiza		62		u at	JU V	-) WIII	<i>-</i> 10	cerved more man	Ψ100,000			
3	Did the organization list any former o	fficer, directo	r, or	tru	stee	e, I	key e	emp	doyee, or highest	t compens	sated		Yes No
	employee on line 1a? <i>If "Yes," complete Sch</i> For any individual listed on line 1a, is th											3	X
(organization and related organizations	greater than	\$15	0,00	00?	lf	"Yes	," (complete Schedu	le J for	such	4	X
5	Did any person listed on line 1a receive for services rendered to the organization? If	or accrue cor	mpen	satio	on f	rom	any	uni	related organizatio	on or indiv		5	X
	tion B. Independent Contractors	100, compre	.0 0011	<u> </u>		,,,,		,,,,,,,					
(Complete this table for your five highest co compensation from the organization. Repor year.	ompensated in t compensation	ndepe on for	nde the	nt d cal	cont end	racto lar ye	rs t ar e	hat received more ending with or with	than \$100 nin the orga),000 o anizatio	f n's tax	
	(A) Name and business	address							(B) Description of se	rvices	С	(C) Compensa	ition
							•						
	Total number of independent contractors				ited	to	thos	e li	sted above) who	received			

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	b	Federated campaigns Membership dues Fundraising events	1b					
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations Government grants (contributions, gifts, grants)	1d trions) 1e tts,					econ de la local Production de la local Elegador de la local La local de la lo
Contril and Of	g h	and similar amounts not included Noncash contributions included Total, Add lines 1a-1f	in ⊮nes 1a-1f:\$					
านย				Business Code				
Program Service Revenue	2a b c	NET PATIENT REVENUE PURCHASED SERVICES		621110	28,799,300. 4,787,661.	28,799,300. 4,787,661.		
Program Se	d e f g	All other program service rev		33,586,961.	mangungan dan kanang			
<u> </u>	3	Investment income (includin other similar amounts)	g dividends, inter	rest, and	33,300,301.		3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	4 5	Income from investment of t Royalties • • • • • • • • • • • •	ax-exempt bond	proceeds 🟲	0			
	6a b	Gross rents						
	c d 7a	Rental income or (loss) Net rental income or (loss Gross amount from sales of	(i) Securities	(ii) Other		The second section of the section of the section o		
	b	assets other than inventory Less: cost or other basis		-31,600.				
	c d	and sales expenses Gain or (loss)		-31,600.	_31,600.			-31,600
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
tt	b	Less: direct expenses						
0	c 9a	Net income or (loss) from ful Gross income from gaming a See Part IV, line 19	activities.					ministrata ereba Burburk ereba efi
	b c	Less: direct expenses Net income or (loss) from ga	b					
	10a	Gross sales of inventor returns and allowances	a					
	b C	Less: cost of goods sold Net income or (loss) from sa Miscellaneous Reven	les of inventory.		0			
	11a b							
	c d e	All other revenue Total. Add lines 11a-11d -			.0			
		Total revenue See instruction					l	21 600

Part X 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 **(B)** Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses 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, 103,238 1,290,477. 1,187,239. trustees, and key employees , , . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,922,394. 36,065,867. 33,143,473. 8 Pension plan accruais and contributions (include section 797,650 69,361 867,011 401(k) and 403(b) employer contributions) 290,403. 3,630,033. 3,339,630. 1,968,702. 1,811,206. 157,496 11 Fees for services (non-employees): a Management 337,105 337,105 c Accounting 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 192 2,452,724 2,452,532 (A) amount, list line 11g expenses on Schedule O.). 626,546 537,135 89,411 130,359. 130,359 14 Information technology 2,313,074 2,173,475 139,599 210,349 198,425. 11,924 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 202,667 202,667 22 Depreciation, depletion, and amortization 2,295,755 2,295,755 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.) 1,190,399. 2,872,888 1,682,489 a PURCHASED SERVICES 2,732. 1,082,956. 1,085,688 bMEDICAL & SURGICAL 61,626 55,325. 6,301. cEQUIP RENTAL & MAINT 17,263 37,742. -20,479dMISCELLANEOUS_____ 470. 260,152 260,622 e All other expenses ______ 50,506,079. 6,182,677 56,688,756. 25 Total functional expenses, Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) . .

JSA 3E1052 1.000

Form 990 (2013)

Page **11**

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,024,446.	1	1,901,701
	2	Savings and temporary cash investments			(2	
	3	Pledges and grants receivable, net			(1 -	
	4	Accounts receivable, net			2,259,926.	4	2,378,629
	5	Loans and other receivables from current and f	former off	icers, directors,			
\top		trustees, key employees, and highest co	mpensate	ed employees.	Sign (5. Cip Isin 65. balis belinken)		estar llargingia tribillaggi
		Complete Part II of Schedule L	<i>.</i>		(5	
	6	Loans and other receivables from other disqualified person					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volume					
		organizations (see instructions). Complete Part II of Sche	dule L		(6	
ASSets	7	Notes and loans receivable, net			(7	
155	8	Inventories for sale or use			13,280.	8	
`	9	Prepaid expenses and deferred charges			586,555.	9	545,698
	10 a	Land, buildings, and equipment: cost or					
			10a	2,022,921.			
	ь	Less: accumulated depreciation	10b	973,022.	1,088,142.	10c	1,049,899
	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	-	14			
	15	Other assets. See Part IV, line 11	. <i></i>		1,399,994.		2,426,49
	16	Total assets. Add lines 1 through 15 (must equal			7,372,343.		8,302,42
	17	Accounts payable and accrued expenses		204,726.	17	343,51	
	18	Grants payable			18		
-	19	Deferred revenue		C	19		
İ	20	Tax-exempt bond liabilities				20	
in in	21	Escrow or custodial account liability. Complete Pa	art IV of Sc	hedule D	(21	
riabilities	22	Loans and other payables to current and fo	rmer offi	cers, directors,			
an		trustees, key employees, highest compens	sated en	nployees, and			
]		disqualified persons. Complete Part II of Schedule	L		(22	
:	23	Secured mortgages and notes payable to unrelate	ed third par	ties	C	23	
1	24	Unsecured notes and loans payable to unrelated t	hird parties	s	C	24	
:	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
		of Schedule D			5,816,503.	25	·
	26	Total liabilities. Add lines 17 through 25			6,021,229.	26	9,219,330
53		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3	check her 34.	e ▶ X and			
=	27	Unrestricted net assets			1,351,114.	27	-916,909
ָרָ אָק מ	28	Temporarily restricted net assets			C	28	
ਤੂ :	29	Permanently restricted net assets			C	29	
net Assets of rund balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	, check her	e ▶ and			
3 :	30	Capital stock or trust principal, or current funds				30	
20	31	Paid-in or capital surplus, or land, building, or equi	ipment fun	d		31	
₹		Retained earnings, endowment, accumulated inco				32	
1	33	Total net assets or fund balances			1,351,114.	33	-916,909
Ł	34	Total liabilities and net assets/fund balances			7,372,343.	34	8,302,421

Form **990** (2013)

Form 9:	90 (2013)				Falg	36 17
Part						
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,68		
3	Revenue less expenses. Subtract line 2 from line 1	3		23,13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	51,1	14.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	20,86	65,3	72.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-9:	16,9	909.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			г	Annahi da i	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	lais see	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		1	(njarra)		Willey.
b	Were the organization's financial statements audited by an independent accountant?			2b	X	is Element
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	na 🏻			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis		:			S WH
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs					
	of the audit, review, or compilation of its financial statements and selection of an independent accour	itant?	· -	2c	X	double Siv
	If the organization changed either its oversight process or selection process during the tax year, e.	xplair	ı in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	າin			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		the		f	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dits.		3b		
				Form \$	990 ((2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

► 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. Name of the organization Employer identification number

L&M	PH	YSICIAN ASSOC							•		-1094375	
Par	1	Reason for Pub	lic Charity Statu	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions	·-	
The o	orga	nization is not a pri	vate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1 [A church, conventi	ion of churches, or	association of churches	describ	ed in s	section	170(b)	(1)(A)(i)	-		
2				(1)(A)(ii). (Attach Schedul		•						
3 [service organization descr								
4		A medical research	ch organization op	erated in conjunction wi	ith a h	ospita	al descr	ibed in	sectio	n 170(t	o)(1)(A)(iii). Enter	the
_		hospital's name, ci	ty, and state:									
5		An organization of	perated for the be	nefit of a college or univ	ersity	ownec	d or ope	erated I	by a go	vernme	ntal unit describe	d in
		section 170(b)(1)(
6				or governmental unit des								
7		•	•	es a substantial part of it	s supp	ort fro	om a go	vernme	ental ur	it or fro	om the general pu	ıblic
				. (Complete Part II.)								
8				on 170(b)(1)(A)(vi). (Com								
9				es: (1) more than 331/3%								
				exempt functions - subj								
				ome and unrelated busi						n 511	tax) from busines	ses
г			-	ne 30, 1975. See section								
10				ted exclusively to test for								41
11 [X			rated exclusively for the								
				ipported organizations de								LION
				es the type of supporting							ugn 1111. unctionally integrate	-d
. F	37	a X Type I		c Type III-Function e organization is not con								
e	X			other than one or more								
		or section 509(a)(2		Other than one of more	publici	y supp	orica o	ngasnize	itions d	CSCIDO	a in acction sosta	W 17
f				n determination from th	e IRS	that it	is a T	vne l	Tyne II	or Type	e III supportina	
•		organization, check	L. 41-1- L					,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C , p.	capperg	\neg
~				nization accepted any gift				anvo	f the			
g		following persons?	_	meation accopical any gin	. 01 00			, 0				
				tly controls, either alone	or toge	ether v	with per	rsons d	escribe	d in (ii)	and Yes	No
				the supported organizati						()		X
		, ,		scribed in (i) above?	• •						11g(ii)	Χ
				son described in (i) or (ii) a	bove?						· · · 	X
h				ut the supported organiza),				* * * *		
	n N	ame of supported	(ii) EIN	(iii) Type of organization		Is the	(v) Did y	ou notify	(vi)	s the	(vii) Amount of mone	tary
		organization	'	(described on lines 1-9 above or IRC section	organi: col. (i)	zatíon in Iísted in		anization) of your		zation in rganized	support	
				(see instructions))	your go	overning ment?		port?		U.S.?		
					Yes	No	Yes	No	Yes	No		
/ A \												
(A)	L &	M HOSPITAL	06-0646704	03	Х							0
(B)												
(C)	_											
(C)												
(D)												
(D)												
(E)												
·~/ 			The state of the s	Takasa ny anatoni any manana any anakana ao 444	1000000		100000000000000000000000000000000000000	i aliantana in	rotokeliste 64	N. C. Salar (1941)		
Total								Haran III				

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

Schedule A (Form 990 or 990-EZ) 2013

3E1210 1,000

	Complete only if you checket Part III. If the organization fair	ed the box on	line 5, 7, or 8	of Part I or if	the organizatio	n failed to qu	
	tion A. Public Support	r	F		T	T	
Cale	ndar 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. tion B. Total Support				is Ediformination (Section 2015)		3
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009	(6) 2010	(0) 2011	(u) 2012	(e) 2010	(i) Total
7 8	Amounts from line 4 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.)	The Miles of the Section of the Sect	a anna y a hayf ar ladere ea wah e entra i i sungan	t de man seem, prince en la distribución de principal			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is forganization, check this box and stop here		<u> </u>				
	tion C. Computation of Public Sup	•	~				
14	Public support percentage for 2013 (li					14	<u>%</u>
15	Public support percentage from 2012						% shock
16a	33 1/3 % support test - 2013. If the o						
L	this box and stop here. The organization 331/3% support test - 2012. If the content is the state of the state	•					
ນ	check this box and stop here. The organization						1 1
17a	10%-facts-and-circumstances test - 2	-					
174	10% or more, and if the organization	_					
	Part IV how the organization meets t						
	organization			-		-	
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part IV how the organizati	2012. If the organization meets	ganization did i s the "facts-ar	not check a box d-circumstances	c on line 13, 16 s" test, check t	a, 16b, or 17a his box and s	, and line top here.
18	supported organization	did not check a	box on line 13		a, or 17b, check	this box and se	, ▶ ∐ e
	instructions	· · · · · · · · <u>·</u>					990 or 990-EZ) 2013

Data III	Support	Schedule fe	or O	rganizations	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.)

Sec	tion A. Public Support			1	· · · · · · · · · · · · · · · · · · ·	T	
Cale	ndar 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						
3	Gross receipts from activities that are not an						
J	unrelated trade or business under section 513					İ	
4	Tax revenues levied for the				<u> </u>		
4	•						
	organization's benefit and either paid						
-	to or expended on its behalf					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			7	Later to the second second second second	al array, and other a formal array	
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
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.)			ļ			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year	as a section 501(d	:)(3)
	organization, check this box and stop here.						<u> ▶ _ </u>
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2013 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2012 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmer	t Income Per	centage				
17	Investment income percentage for 2013 (lir	ne 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2012					18	%
	331/3% support tests - 2013. If the org					re than 331/3%, a	nd line
u	17 is not more than 331/3%, check this						
h	331/3% support tests - 2012. If the orga						
b	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
20	Titale roundation, it the organization t	110C OHOUN 1	on mic	,	,551. 0115 5		

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Schedule D (Form 990) 2013

L&N	PHYSICIAN ASSOCIATION INC.	27-1094375
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	ccounts.
	(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?	L Yes L No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	s 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?	Yes No
Pai	Conservation Easements. Complete if the organization answered "Yes" to Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	, , , , , , , , , , , , , , , , , , ,	f an historically important land area
		f 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
		2237933
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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	24
	historic structure listed in the National Register	ated by the ergenization during the
3		tied by the organization during the
	tax year ► Number of states where property subject to conservation easement is located ►	
4	Does the organization have a written policy regarding the periodic monitoring, inspection, har	ndling of
5	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
Ü		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen	its during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	ction 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	al statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	cation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide the following amounts relating to these items:	cation, or research in furtherance of
	(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 a	
	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 MICHIGIDAD IN FORM 330, FIRST A	

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

3E1268 2,000

	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	s No
	(i) unrelated organizations)	
	(ii) related organizations)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ,		
A	Describe in Part XIII the intended uses of the organization's endowment funds		

Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (d) Book value Description of property (a) Cost or other basis (b) Cost or other basis depreciation (investment) Land **b** Buildings c Leasehold improvements..... 1,046,733. 508,377 538,356. 976,188. 464,645 d Equipment 511,543. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).

1,049,899. Schedule D (Form 990) 2013

	Complete if the organization answ (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financi	ial derivatives		,	
	/-held equity interests			
		I		
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
<u>(G)</u>				
(H)				NA 1990 dali kappilali pili (2 pili pilipi)
and the second second	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Complete if the organization answ		1	
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
('' 1)				
(7)				
(8)				
(8) (9)	un /h) must equal Form QQQ Part Y col /R) line 13			
(8) (9) Total. <i>(Colum</i>	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets.	>		
(8) (9) Fotal. <i>(Colum</i>	Other Assets.		Part IV, line 11d. See Form 990,	Part X, line 15.
(8) (9) Fotal. <i>(Colum</i>	rainin raeni		, Part IV, line 11d. See Form 990,	Part X, line 15.
(8) (9) Fotal. (Colum Part IX	Other Assets.	ered "Yes" to Form 990	, Part IV, line 11d. See Form 990,	(b) Book value
(8) (9) Fotal. (Colum Part IX	Other Assets. Complete if the organization answ	ered "Yes" to Form 990	, Part IV, line 11d. See Form 990,	(b) Book value
(8) (9) Total. (Column Part IX (1) OTHE	Other Assets. Complete if the organization answ	ered "Yes" to Form 990	, Part IV, line 11d. See Form 990,	(b) Book value
(8) (9) Total. (Column Part IX (1) OTHE (2) (3) (4)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990	, Part IV, line 11d. See Form 990,	(b) Book value
(8) (9) Fotal. (Column Part IX (1) OTHE (2) (3) (4) (5)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990	, Part IV, line 11d. See Form 990,	
(8) (9) Fotal. (Colum Part IX (1) OTHE (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990	, Part IV, line 11d. See Form 990,	(b) Book value
(8) (9) Fotal. (Colum Part IX (1) OTHE (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990	, Part IV, line 11d. See Form 990,	(b) Book value
(8) (9) Fotal. (Colum Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ	ered "Yes" to Form 990	, Part IV, line 11d. See Form 990,	(b) Book value
(8) (9) Total. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answers. R NOTES & LOANS REC	ered "Yes" to Form 990 (a) Description		(b) Book value 2,426,494
(8) (9) Fotal. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer. R NOTES & LOANS REC	ered "Yes" to Form 990 (a) Description		(b) Book value 2,426,494
(8) (9) Fotal. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer.	ered "Yes" to Form 990 (a) Description (B) line 15.)		(b) Book value 2,426,494 .
(8) (9) Fotal. (Colum Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columna)	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer.	ered "Yes" to Form 990 (a) Description (B) line 15.)	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494 .
(8) (9) Fotal. (Colum Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. Part X	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. line 25. (a) Description of liability	ered "Yes" to Form 990 (a) Description (B) line 15.)	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494 .
(8) (9) Fotal. (Colum Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. Part X	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability real income taxes	ered "Yes" to Form 990 (a) Description (B) line 15.) ered "Yes" to Form 990 (b) Book valu	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494 .
(8) (9) Fotal. (Colum Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X (1) Fedel (2) OTHE	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. Iine 25. (a) Description of liability ral income taxes R LIABILITIES	ered "Yes" to Form 990 (a) Description (B) line 15.) ered "Yes" to Form 990 (b) Book valu	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494 .
(8) (9) Fotal. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Feder (2) OTHE (3) SALA	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability real income taxes	ered "Yes" to Form 990 (a) Description (B) line 15.) ered "Yes" to Form 990 (b) Book valu	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494
(8) (9) Fotal. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Fedel (2) OTHE (3) SALA (4)	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. Iine 25. (a) Description of liability ral income taxes R LIABILITIES	ered "Yes" to Form 990 (a) Description (B) line 15.) ered "Yes" to Form 990 (b) Book valu	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494
(8) (9) Fotal. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Fedel (2) OTHE (3) SALA (4) (5)	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. Iine 25. (a) Description of liability ral income taxes R LIABILITIES	ered "Yes" to Form 990 (a) Description (B) line 15.) ered "Yes" to Form 990 (b) Book valu	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494
(8) (9) Total. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) OTHE (3) SALA (4) (5) (6)	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. Iine 25. (a) Description of liability ral income taxes R LIABILITIES	ered "Yes" to Form 990 (a) Description (B) line 15.) ered "Yes" to Form 990 (b) Book valu	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494
(8) (9) Total. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X I. (1) Feder (2) OTHE (3) SALA (4) (5) (6) (7)	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. Iine 25. (a) Description of liability ral income taxes R LIABILITIES	ered "Yes" to Form 990 (a) Description (B) line 15.) ered "Yes" to Form 990 (b) Book valu	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494
(8) (9) Fotal. (Column Part IX (1) OTHE (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Fede (2) OTHE (3) SALA (4) (5) (6)	Other Assets. Complete if the organization answer. R NOTES & LOANS REC umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. Iine 25. (a) Description of liability ral income taxes R LIABILITIES	ered "Yes" to Form 990 (a) Description (B) line 15.) ered "Yes" to Form 990 (b) Book valu	Part IV, line 11e or 11f. See Forn	(b) Book value 2,426,494 .

iali	Reconciliation of Revenue per Audited Financial Statements with Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ANGUNG
a		
b	Net unrealized gains on investments Donated services and use of facilities 2a 2b	- 10.3 0.3 0.3 0.0 0.0 0.3 0.0 0.0 0.3
c	Recoveries of prior year grants 2c	1992 1975 1976 19
d	Other (Describe in Part XIII.)	1000 NAC 1000 NAC 1000 NAC
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	The state of the s
ь	Other (Describe in Part XIII.) 4b	
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	. COLON (1907) V 2007) (1907) V 2007) (1907) V 2007) (1907) V 2007) (1907)
b	Prior year adjustments 2b	
C	Other losses 2c	STATE CONTROL OF THE
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	600 300 N.E. 11 15 10 10 10 10 10 10 10
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	46
5 6900	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)	5
Provid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Par	art V line 4: Part X line
2: Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.
	NUMBER DARM V ITME 2	
DOIL	DUBE D, PARI A, DING Z	
THE	ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS DO NOT INCLUDE A FIN	
		
48 F	OOTNOTE.	

JSA 3E1271 1.000 Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to 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.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

L&M PHYSICIAN ASSOCIATION INC.

Employer identification number 27-1094375

Questions Regarding Compensation Part I Yes No 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. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 1b directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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? Χ 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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? Χ 5a Χ b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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? Χ 6a b Any related organization? Х 6b If "Yes" to line 6a or 6b, describe in Part III. 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 7 Х 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 Χ 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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.

		(B) Breakdown	of W-2 and/or 1099-MiSt	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ŋ-(D)	reported as deferred in prior Form 990
DANIEL RISSI, MD	(i)	C	C	C C	ġ	0	(
1 DIRECTOR	(ii)	379,173.	C	3,564.	45,065.	21,033.	448,835.	
PAMELA KANÉ	(i)	Ç	C	C		0	(<u></u>
2 EXECUTIVE DIRECTOR (UNTIL 7/14)	(ii)	222,668.	C	540.	26,950.	28,211.	278,369.	
LUGENE INZANA	(i)						(
3 TREASURER (UNTIL 2/14)	(ii)	338,447.	.0	1,242.	39,749.	24,761.	404,199.	
BRENDA APPLEGATE, MD	(i)	148,335.	42,632.	450.	7,020.	24,046.	222,483.	
4 CHAIR	(ii)	0	(<u>q</u>	- 4	C	(
ROBERT CIOTOLA, MD	(i)	150,223.	19,777.	1,290.	10,000.	17,981.	199,271.	
5 DIRECTOR	(ii)			C	q	Q	(
JON GAUDIO, MD	(i)	322,234.	178,371.	450-	10,000.	26,252.	537,307.	
6 DIRECTOR	(ii)	C		C	9	O		
ROSHANAK BAGHERI MD	(i)	317,446.	208,379.	450.	10,000.	20,610.	556,885.	
7 PHYSICIAN	100			q		0	(
PATRICK DOHERTY MD	(i)	506,190.	81,392.	9	10,000.	25,005.	622,587.	
8 PHYSICIAN	(ii)		9	9	<u> </u>			
BRUCE D. CUMMINGS	(i)		9			0		
9 CEO	(ii)	567,106.	0	19,282.	90,112.	21,033.	697,533.	
CHRISTOPHER LEHRACH MD	(0)	q			4		(
10 PRESIDENT (AS OF 07/14)	(ii)	199,958.		9,186.	10,000.	12,653.	231,797.	
PAUL BOURGUIGNON MD	(i) [144,169.	29,189.	8,933.		17,496	199,787	
11 DIRECTOR (AS OF 12/30/13)	(ii)		20.101	0.70	4	16 275	E00 300	
SEPEHR SAJJAD MD	(1)	543,452.	32,191.	270.	6,040.	16,375.	598,328.	ļ
12 PHYSICIAN	(ii)	252 122	50 510	1 000	10.000	20.240	427 000	
RICHARD FAZIO MD	0 -	353,128.	50,518.	1,980.	10,000.	22,342.	437,968.	
13 PHYSICIAN	(ii)	251 006	FO 227	2 010	10 000	17,861.	433,824.	
PETER MILSTEIN MD	(i)	351,926.	50,227.	3,810.	10,000.	71,001	433,624.	
14 PHYSICIAN	(ii)					4		-
KIMBERLY KALAJAINEN 15 SECRETARY (UNTIL 12/2013)	(0)			4,144.	25,481.	23,624.	267,542.	
VICTORIA SAMUELS	(ii)	214,293.	<u>_</u>	44,424	ZU,401.	16,629.	403,533.	
VICTORIA SAMUELS 16 DIRECTOR (UNTIL 11/18/13)	(i)	342,480.		44,424.		10,029.	403,333.	}
16 ************************************	[(ii)]	y		<u> </u>	ч	ч		

Schedule J (Form 990) 2013

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L&M PHYSICIAN ASSOCIATION INC.

27-1094375

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Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 3

LAWRENCE & MEMORIAL HOSPITAL, A RELATED ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE SALARIES OF ITS EXECUTIVE MANAGEMENT AND KEY EMPLOYEES. UTILIZING INDEPENDENT COMPENSATION CONSULTANTS, THE EXECUTIVE COMPENSATION COMMITTEE MAKES ITS RECOMMENDATIONS.

SCHEDULE J, PART I LINE 4B

LAWRENCE & MEMORIAL HOSPITAL, A RELATED ORGANIZATION, ESTABLISHED A SECTION 457 (F) SUPPLEMENTAL PLAN FOR THE HOSPITAL'S SENIOR MANAGEMENT. AMOUNTS FOR BRUCE CUMMINGS ARE CREDITED TO THE RETIREMENT ACCOUNT IN MONTHLY INSTALLMENTS THROUGHOUT EACH PLAN YEAR, AND AMOUNTS FOR ALL OTHER MEMBERS OF SENIOR MANAGEMENT ARE CREDITED ANNUALLY. PLAN AMOUNTS ARE SUBJECT TO FORFEITURE AND/OR PAYMENT ONLY IF CERTAIN CONDITIONS ARE MET, INCLUDING REMAINING EMPLOYED BY THE HOSPITAL THROUGH AGE 65 AS OUTLINED IN THE AGREEMENT. DURING 2013, SECTION 457(F) CONTRIBUTIONS WERE CREDITED TOWARDS THE PLAN AS FOLLOWS AND ARE REPORTED IN SCHEDULE J, PART II, COLUMN (C):

\$80,112

Schedule J (Form 990) 2013

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BRUCE CUMMINGS

Schedule J (Form 990) 2013

Page 3

Part III Supplemental Information

Complete this part to 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.

LUGENE INZANA

\$29,749

DANIEL RISSI

\$35,065

PAMELA KANE

\$16,950

KIMBERLY KALAJAINEN \$15,481

SCHEDULE J, PART I LINE 7

BONUSES ARE PROVIDED AT THE DISCRETION OF SENIOR MANAGEMENT. THE CALCULATION IS BASED ON A RELATIVE VALUE UNIT PRODUCTIVITY MODEL AND OTHER PERFORMANCE MEASURES.

SCHEDULE J, PART II

BOARD MEMBERS ROBERT CIOTOLA, MD, JON GAUDIO, MD, BRENDA APPLEGATE, MD, AND PAUL BOURGUIGNON MD, MD RECEIVE COMPENSATION FROM THE ORGANIZATION FOR THEIR SERVICES AS PHYSICIANS, NOT AS BOARD MEMBERS.

Schedule J (Form 990) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

L&M PHYSICIAN ASSOCIATION INC

Employer identification number

27-1094375

FORM 990, PART VI, LINE 2

LUGENE INZANA, JIM MOYLAN, SETH VAN ESSENDELFT AND DANIEL RISSI SERVE ON THE BOARD OF L&M INDEMNITY, A RELATED ORGANIZATION

FORM 990, PART VI-A, LINE 6

L&M CORPORATION IS THE SOLE CORPORATE MEMBER OF L&M PHYSICIAN ASSOCIATION, INC. (LMPA).

FORM 990, PART VI-A, LINE 7A

THE LMPA BOARD MEMBERS ARE ELECTED BY THE BOARD OF L&M CORPORATION.

FORM 990, PART VI-A, LINE 7B

THE SOLE MEMBER OF THE ORGANIZATION HAS THE POWER TO ACCEPT OR REJECT THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION; AND TO APPROVE, UPON RECOMMENDATION OF THE BOARD, SIGNIFICANT FUNDRAISING PROGRAMS AND SALE OR DISPOSITION OF ANY ASSETS AND THE INCURRING OF INDEBTEDNESS IN SPECIFIC SITUATIONS.

FORM 990, PART VI-B, LINE 11B

THE FORM 990 IS PREPARED BY THE ORGANIZATION AND REVIEWED BY THE EXTERNAL TAX CONSULTANTS. A DRAFT OF THE RETURN IS PROVIDED TO MANAGEMENT FOR REVIEW. ANY NECESSARY CHANGES ARE MADE PRIOR TO THE FINAL REVIEW AND SIGNING OF THE RETURN BY THE ORGANIZATION'S INDEPENDENT TAX CONSULTANTS. THE FINAL FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING.

Employer identification number

27-1094375

FORM 990, PART VI-B, LINE 12C

LMPA REQUIRES ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. QUESTIONNAIRES ARE COMPLETED ANNUALLY AND ARE REVIEWED BY L&M HOSPITAL'S GENERAL COUNSEL. ANY ACTUAL OR POTENTIAL CONFLICTS DISCLOSED ARE PRESENTED TO THE BOARD. APPROPRIATE

CORRECTIVE ACTIONS ARE DECIDED ON A CASE BY CASE BASIS.

FORM 990, PART VI-B, LINE 15

THE OFFICERS COMPENSATION AND BENEFITS REPORTED IN PART VII ARE DETERMINDED BY L&M HOSPITAL. L&M HOSPITAL EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE SALARIES OF ITS EXECUTIVE MANAGEMENT AND KEY EMPLOYEES. UTILIZING INDEPENDENT COMPENSATION CONSULTANTS THE EXECUTIVE COMPENSATION COMMITTEE MAKES ITS RECOMMENDATIONS. THE COMMITTEE'S DELIBERATIONS ARE REFLECTED IN ITS MINUTES.

FORM 990, PART, VI-C LINE 18

FORM AVAILABLE THROUGH GUIDESTAR.ORG.

FORM 990, PART VI-C, LINE 19

ALL DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VII

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BOARD MEMBERS ROBERT CIOTOLA, MD, JON GAUDIO, MD, BRENDA APPLEGATE, MD, AND PAUL BOURGUIGNON, MD RECEIVE COMPENSATION FROM THE ORGANIZATION FOR THEIR SERVICES AS PHYSICIANS, NOT AS BOARD MEMBERS.

Name of the organization

L&M PHYSICIAN ASSOCIATION INC.

Employer identification number 27–1094375

FORM 990, PART XI

LINE 9 IS TRANSFER FROM AFFILIATES.

L&M PHYSICIAN ASSOCIATION INC.

27-1094375

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships

►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.

▶ information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Lam PHYSICIAN ASSOCIATION INC.

Employer identification number

27-1094375

	(a) Name, address, and EIN (flapplicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1) LAWRENCE & MEMORIAL HEALTHCARE	22-2553031							
365 MONTAUK AVENUE	NEW LONDON, CT 06320	HEALTHCARE	CT	501 C (3)	9	L&M CORP	X	l
(2) LAWRENCE & MEMORIAL HOSPITAL	06-0646704							
365 MONTAUK AVENUE	NEW LONDON, CT 06320	HEALTHCARE	CT	501 C (3)	3	L&M CORP	Х	
(3) LAWRENCE & MEMORIAL FOUNDATION	22-2553026							
365 MONTAUK AVENUE	NEW LONDON, CT 06320	FUNDRAISING	CT	501 C (3)	PF	L&M CORP	X	1
(4) ASSOC. SPECIALISTS OF SE CT	20-8006123							
404 THAMES STREET	GROTON, CT 06340	PHYS PRACTICE	CT	501 C (3)	11AI	L&M HOSP	X	1
(5) VNA OF SE CONNECTICUT	06-0646616							
200 BOSTON POST RD	WATERFORD, CT 06386	HOME HLTHCR	CT ·	501 C (3)	9	L&M CORP	Х	
(6) Lem Corporation	22-2553028							
365 MONTAUK AVENUE	NEW LONDON, CT 06320	SUPPORT	CT	501 C (3)	11AI	N/A		Х
(7) LMW HEALTHCARE INC.	46-0543230							
25 WELLS STREET	WESTERLY, RI 02891	HEALTHCARE	RI	501 C (3)	3	L&M CORP	Х	1

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

Schedule R (Form 990) 2013

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L&M PHYSICIAN ASSOCIATION INC.

27-1094375

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships ►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.

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

L&M PHYSICIAN ASSOCIATION INC.

27-1094375

	(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 co enti	introlling
_(1)								
_(2)								
(4)				:				
(5)								
(6)								
Part II Ide on	entification of Related Tax-Exempt Organizations ne or more related tax-exempt organizations during t	Complete if the or he tax year.	ganization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
				(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		Public charity status	Direct controlling	cont	rolled
AN THE WESTER	Name, address, and EIN of related organization		Legal domicile (state		Public charity status	Direct controlling	cont	rolled
_(1) THE WESTER 25 WELLS S	Name, address, and EIN of related organization RLY HOSPITAL FOUNDATION 05-0508064		Legal domicile (state		Public charity status	Direct controlling	cont	rolled tity?
25 WELLS 3	Name, address, and EIN of related organization RLY HOSPITAL FOUNDATION 05-0508064	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled tity?
25 WELLS S	Name, address, and EIN of related organization RLY HOSPITAL FOUNDATION 05-0508064 STREET WESTERLY, RI 02891	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled tity?
(2) (3)	Name, address, and EIN of related organization RLY HOSPITAL FOUNDATION 05-0508064 STREET WESTERLY, RI 02891	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled tity?
25 WELLS 5 (2) (3) (4)	Name, address, and EIN of related organization PLY HOSPITAL FOUNDATION 05-0508064 STREET WESTERLY, RI 02891	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled tity?
25 WELLS 5 (2) (3) (4) (5)	Name, address, and EIN of related organization RLY HOSPITAL FOUNDATION 05-0508064 STREET WESTERLY, RI 02891	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled tity?

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Schedule R (Form 990) 2013

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Part I	Identification of Relative because it had one or related organization			s treated as a pa	ip Complete if the artnership during the (e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	organization and tax year. (f) Share of total income	(g) Share of end-of- year assets	(h) Desproporano allocatore?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or		(k) Percentage ownership
			,					Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)					***************************************								

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.

	(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) Percen- tage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
53037						ĺ		
	HEALTHCARE	CT	N/A	C-CORP				х
89272								
	THERAPY	CT	N/A	C~CORP				Х
21436								
	INSURANCE	CJ	N/A	C-CORP				Х
	SUPPORT	CT	N/A	TRUST				х
	21436	HEALTHCARE 89272 THERAPY		53037 HEALTHCARE CT N/A 99272 THERAPY CT N/A 21436 INSURANCE CJ N/A	Country) (Trust)		Country Coun	Country Crust Country Crust Country Crust Country Crust Country Crust Country Crust Country Crust Country Crust Country Crust Country Crust Country Crust Country Crust Country

JSA 3E130B 1,000 Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Pa	rt V	Transactions With Related Organizations Complete if the organization answered "Yes	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	e. Con	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				i	Yes	No
1		g the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations list	ted in Parts II-IV?				dini:
а	Recei	ipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b		grant, or capital contribution to related organization(s)				1Ь		Х
c	Gift.	grant, or capital contribution from related organization(s)				1c	Х	
d	Loans	s or loan guarantees to or for related organization(s)				1di		Х
e		s or loan guarantees by related organization(s).				1e		Х
							inout	
f	Divide	ends from related organization(s)				1f		Х
g	Sale	of assets to related organization(s)				1g		Х
h		ase of assets from related organization(s)				1h		X
i		ange of assets with related organization(s)				1i		Х
i	Lease	e of facilities, equipment, or other assets to related organization(s)				1j	Х	$\overline{}$
-								
k	Lease	e of facilities, equipment, or other assets from related organization(s)				1k		Х
1		rmance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Perfo	rmance of services or membership or fundraising solicitations by related organization(s)				1m		X
n		ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
0		ng of paid employees with related organization(s)				10	X	$\overline{}$
р	Reim	bursement paid to related organization(s) for expenses				1p		X
ď		oursement paid by related organization(s) for expenses				1q	Х	
•								ALLESS TO A
r	Other	transfer of cash or property to related organization(s)				1r	I	X
s		transfer of cash or property from related organization(s)				1s		X
2	If the	answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including cover	red relationships and transa	action thres	holds		
		(a)	(b) Transaction	(c) Amount involved	Method o	(d)		
		Name of related organization	type (a-s)	Amount involved		ntinvo		ığ
(1)	L &	M HOSPITAL	Q	20,865,372.	CASH			
			l					
(2)								
(3)								
(4)								
(5)								
(6)]		<u> </u>			
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicil (state or foreign country)		(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?		(17) Share of total income	(g) Share of end-of-year assets	(n) Disproportionate allocations?		(f) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?		(k) Percentage ownership
·			from tax under section 512-514)	Yes				Yes	No	(Form 1005)	Yes	No	1
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)		<u> </u>											
(12)													
(13)													
(14)								-					
(15)			<u> </u>										
(16)													

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Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).