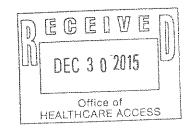


Eastern Connecticut Health Network

71 Haynes Street Manchester, CT 06040 860.533.3414 www.echn.org

December 30, 2015

Jack Huber, Health Care Analyst Department of Public Health - Office of Health Care Access 410 Capitol Avenue, MS# 13HCA P.O. Box 340308 Hartford, CT 06134-0308



Re:

Eastern Connecticut Medical Professionals Foundation, Inc.

2015 Medical Foundation Annual Report Filing

Dear Mr. Huber:

Please find enclosed the 2015 Medical Foundation Annual Report filing for ECHN's medical foundation, Eastern Connecticut Medical Professionals Foundation, Inc.

If you have any questions regarding this Certificate of Need Application, please do not hesitate to call me at (860) 533-2980.

Sincerely,

AVP, Eastern Connecticut Medical Professionals Foundation, Inc.

cc:

Greg Williams, SVP Network Services

Dennis P. McConville, SVP and Chief Strategy Officer

# 2015 Medical Foundation Annual Report

Entity: Eastern Connecticut Medical Professionals Foundation, Inc.

**DBA:** Eastern Connecticut Medical Professionals

Parent Corporation: Eastern Connecticut Health Network, Inc.

Contact Person(s):

### Eastern Connecticut Health Network

Dennis P McConville SVP and Chief Strategy Officer 71 Haynes Street Manchester, CT 06040 Phone: (860) 533-3429

Fax: (860) 647-6860

dincconville@echn.org

### Eastern Connecticut Medical Professionals

Ann O'Sullivan AVP, ECMPF 71 Haynes Street Manchester, CT 06040 Phone: (860) 355-2980 Fax: (860) 533-2975

aosullivan@echn.org

Statute Reference: Conn. Gen. Stat. § 33-182bb as amended by Section 3 of Public Act 14-168

(1) A statement of its mission

### Response:

As a wholly-owned affiliated of Eastern Connecticut Health Network (ECHN), Eastern Connecticut Medical Professionals Foundation follows the mission statement of ECHN which is: To improve your well-being by providing high-quality, compassionate healthcare.

(2) A description of services it provides

### Response:

Doing business as Eastern Connecticut Medical Professionals, ECMPF is a not-for-profit organization that operates physician office practices in the Network's service area and provides various contracted services to ECHN's Manchester Memorial Hospital and Rockville General Hospital.

(3) A description of any significant changes in its services during the preceding year

### Response:

There are no significant changes to the services provided by Eastern Connecticut Medical Professionals Foundation, Inc. to report.

(4) Other financial information as reported on the medical foundation's most recently filed Internal Revenue Service return of organization exempt from income tax form

### Response:

Please find attached a copy of the most recently filed IRS Form 990 ending on September 30, 2014 for Eastern Connecticut Medical Professionals Foundation, Inc.

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

SEPTEMBER 30, 2014

Prepared for	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. 71 HAYNES STREET MANCHESTER, CT 06040
Prepared by	CROWE HORWATH, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 17, 2015.

### Form 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning  $\begin{array}{c|c} OCT & 1 \\ \hline \end{array}$  , 2013, and ending  $\begin{array}{c|c} SEP & 30 \\ \hline \end{array}$  ,20  $\begin{array}{c|c} 14 \\ \hline \end{array}$ 

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo Employer identification number

EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

22-2546078

Name and title of officer

MICHAEL D. VEILLETTE

CHIEF FINANCIAL OFFICER

### Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here <b>b X b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b _	26,669,452.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _	

### **Declaration and Signature Authorization of Officer** Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X I authorize	CROWE	HORWATH,	LLP		to enter my PIN	52134
				ERO firm name		Enter five numbers, but do not enter all zeros
as my signa	ature on the	organization's tax	year 20	13 electronically filed return. If I have indicated within	this return that a	copy of the return

is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06560952134

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Officer's signature

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

# 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

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.

Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning $OCT = 1$ , $2013$ and e	nding S	EP 30, 2	014								
В	Check if applicable	EASTERN CONNECTIOUT MEDICAL		D Employer id	entifica	ation number							
	Addres change												
	Name change	Doing Business As	] 2:	2-25	46078								
	Initial return Termin- ated	/ /	loom/suite	E Telephone n		46-1222							
F	Amend return		G Gross receipts \$		26,669,452.								
Ē	Applica												
MANCHESTER, CT 06040  F Name and address of principal officer:PETER J. KARL  SAME AS C ABOVE  H(a) Is this a group return for subordinates? Yes I													
ī	Tax-exe	mpt status: X 501(c)(3)	527	1 ` ′		iuded? Yes No st. (see instructions)							
		WWW.ECHN.ORG		H(c) Group exe		•							
		organization: X Corporation Trust Association Other	I Year			State of legal domicile; CT							
		Summary	1 =		161	otato or logal dollinollo, + =							
2	<b>1</b> E	Briefly describe the organization's mission or most significant activities: A MUL	TT-SP	ECTALTY (	GROU	P PRACTICE							
Activities & Governance	1 2	PHAT OFFERS A FULL RANGE OF HEALTH CARE S	ERVIC	ES, INCLU	UDIN	G PRIMARY							
Jerr	1	Check this box F if the organization discontinued its operations or dispose	ed of more	than 25% of its i	1 1	_							
õ					3	9							
∞ ব		Number of independent voting members of the governing body (Part VI, line 1b) $$				<u></u>							
es	1	otal number of individuals employed in calendar year 2013 (Part V, line 2a)			5	248							
Σť	1	otal number of volunteers (estimate if necessary)			6	1							
Act		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.							
_	1 d	Net unrelated business taxable income from Form 990-T, line 34			7b	0.							
				Prior Year		Current Year							
ē	8 (	Contributions and grants (Part VIII, line 1h)		0.	3,356.								
en.	9 F	Program service revenue (Part VIII, line 2g)		28,894,26		26,505,499.							
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.							
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		159,36		160,597.							
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,053,62	22.	26,669,452.							
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.							
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.							
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		25,364,23	33.	22,229,333.							
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.							
ĝ			0.										
ω̈	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,807,40	)4.	11,494,885.							
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,171,63	37.	33,724,218.							
	19 F	Revenue less expenses. Subtract line 18 from line 12		-6,118,01	15.	-7,054,766.							
Net Assets or Fund Balances				ginning of Current '		End of Year							
Set	<b>20</b> T	otal assets (Part X, line 16)		6,651,67		5,765,924.							
TAS AB	21 T	otal liabilities (Part X, line 26)		6,679,36	56.	5,248,179.							
캺	22 N	let assets or fund balances. Subtract line 21 from line 20		-27,69	91.	517,745.							
	art II												
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules a				knowledge and belief, it is							
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.									
Sig	n	Signature of officer		Date									
He	- 1	MICHAEL D. VEILLETTE, CHIEF FINANCIAL (	OFFIC	ER									
		Type or print name and title											
		Print/Type preparer's name Preparer's signature	l D	late Che	ck	PTIN							
Pai				l if		P00346435							
		BETH A. THURZ BETH A. THURZ	- 1	self-	-employed	E00340433							
	1 E			self Firm's Ell	employed	35-0921680							
Pre	d E parer	Firm's name CROWE HORWATH, LLP											
Pre	d E parer		<u></u>	Firm's Elf	N 🕨								

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION (ECMPF) IS A
	NOT-FOR-PROFIT ORGANIZATION THAT OPERATES PHYSICIAN OFFICE PRACTICES
	SUCH AS PRIMARY CARE, SURGICAL, ORTHOPEDIC, NEONATAL, A HOSPITALIST
	PROGRAM AND OTHER SPECIALTY MEDICAL PRACTICES, AS WELL AS OFFERING
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 10,635,464 • including grants of \$ ) (Revenue \$ 10,635,464 • )
	FAMILY (PRIMARY) CARE - EASTERN CONNECTICUT MEDICAL PROFESSIONALS
	FOUNDATION RUNS PRACTICES IN THE SURROUNDING AREA WITH FAMILY CARE
	PHYSICIANS. FAMILY PHYSICIANS DELIVER A RANGE OF ACUTE, CHRONIC AND
	PREVENTIVE MEDICAL CARE SERVICES. IN ADDITION TO DIAGNOSTICS AND
	TREATING ILLNESS, THEY ALSO PROVIDE PREVENTATIVE CARE, INCLUDING
	ROUTINE CHECKUPS, HEALTH-RISK ASSESSMENTS, IMMUNIZATION AND SCREENING
	TESTS, AND PERSONALIZED COUNSELING ON MAINTAINING A HEALTHY LIFESTYLE.
	(Code: ) (Expenses \$ 6,160,466 · including grants of \$ ) (Revenue \$ 6,160,466 · )
4b	(Code: )(Expenses \$ 6,160,466. including grants of \$ ) (Revenue \$ 6,160,466.)  ORTHOPEDIC SURGERY - EASTERN CONNECTICUT MEDICAL PROFESSIONALS
	FOUNDATION EMPLOYS ORTHOPEDIC SURGEONS TO PROVIDE PATIENT CARE IN
	PRACTICES WITHIN THE SURROUNDING AREA. PATIENT CARE FOCUSES ON
	ASSOCIATED MUSCLES, JOINTS, AND LIGAMENTS.
4c	(Code: ) (Expenses \$ 5,998,775 • including grants of \$ ) (Revenue \$ 5,998,775 • )
	GASTROENTEROLOGY - EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION
	EMPLOYS GASTROENTEROLOGISTS TO PROVIDE PATIENT CARE IN PRACTICES WITHIN
	THE SURROUNDING AREA. PATIENT CARE INCLUDES DIAGNOSING AND TREATING
	ILLNESS RELATED TO DISORDERS OF THE STOMACH, INTESTINES, AND RELATED
	ORGANS OF THE GASTROINTESTINAL TRACT.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 5,450,952. including grants of \$ ) (Revenue \$ 3,710,794.)
<u>4e</u>	Total program service expenses ▶ 28,245,657.
33200	Form <b>990</b> (2013)
10-29	

Page 3

### EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

- AMERICAN AMERICA - AMERICAN AMERICAN AMERICAN AMERICAN - LAMERICAN AMERICAN AMERICA

Form 990 (2013) PROFESSIONAL Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(5) or 4947(a)(1) (other than a private toundstion?)?  If "Yes," complete Schedule A  It is the organization required to complete Schedule B, Schedule of Completation?  Job Life organization regime of infect or indirect political currying, activities on hehalf of rin opposition to candidate for public officer? If "Yes," complete Schedule C, Part I  Section 504(c)(3) organization. Did the organization engage in Robblying activities, or have a section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(	107:01:177	The state of the s		Yes	No
## 17 **S. **Complete Schedule A   1   X   X   S. **S. **Linear Schedule & Schedule & Schedule of Contributors**  5   Site to enganization regulared to complete Schedule & Schedule Contributors**  6   Site to enganization regulared to complete Schedule & Schedule Contributors**  7   Sections 97 (1/6) organizations of the organization engage in loobying activities on behalf of or in opposition to candidates for public official **P*** "Schedule Contributors** (2 miles of Schedule Contributors**) (2 miles of Schedule Contributors**) (3 miles of Schedule Contributors**) (3 miles of Schedule Contributors**) (4 miles of Schedule Contributors**) (5 miles of Schedule Contributors**) (5 miles of Schedule Contributors**) (6 miles of Schedule Contributors**) (7 miles of Schedule Contribut	4	In the exampleation described in section 501/c)(3) or 4947(a)(1) (other than a private foundation)?	[ <u>.</u>	163	NO
2 Is the organization required to complete Schedule 8, Schedule 9, Chart Substance of Contributors 1 (1) the organization regige in direct or indirect political campagin activities on behalf of or in opposition to candidates for public officer / 11 (1) 1 (1)	'		1	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 II  X Section SOT(N)3 organizations. Did the organization engage in loobying activities, or have a section SOT(N) election in effect during the tax year? If "Yes," complete Schedule C, Part II  X Section SOT(N)3 organizations. Did the organization engage in loobying activities, or have a section SOT(N) election in effect during the tax year? If "Yes," complete Schedule C, Part II  X Section SOT(N)3 organization realization or investment of amounts in such funds or any similar trunds 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 II  Did the organization realization related in the start of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization relation in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not istorial management, credit expair, or debt negotiation services? If "Yes," complete Schedule D, Part II  Did the organization in report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not istorial in Part X, line 121 for escrow or custodial account liability, serve as a custodian for amounts not istorial in Part X, line 121 for escrowers or custodial account liability, serve as a custodian for amounts for itsorial interest organization, decide to many of the foliobility of the amangement, credit espair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  If the organization is accounted to many of the foliobility guestions is Yes, then complete Schedule D, Parts VI, IV, VII, VII, IX, or X as applicable.  Bid the organization in report an amount for investments - other subscribes in Part X, line 13 that is 5% or more of its total assets reported in Part	2	Is the organization required to complete Schedule B. Schedule of Contributors?			X
public office if If "Pes," complete Schedule C, Part I section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II section in the complete Schedule Schedule Schedule C, Part III section in effect during the tax year? If "Yes," complete Schedule C, Part III section in effect during the tax year? If "Yes," complete Schedule C, Part III section in effect of the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts III "I "Yes," complete Schedule C, Part III to the organization reserve or hold a conservation essement, including assements to preserve open space, the environment, historical damas, or historical structures? If "Yes," complete Schedule D, Part II is the organization reserve or hold a conservation essement, including assements to preserve open space, the environment, historical areas, or historic or structures? If "Yes," complete Schedule D, Part II is the organization maintain collections of works of art, historical treasures, or other similar assess 7 If "Yes," complete Schedule D, Part II If the organization mental in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Part X, pin public schedule or part X, line 19 In I If the organization incide or through a related organization, hold assets in temporarily restricted enconvents, permanent endowments, or quasi-inativemental II I I I I I I I I I I I I I I I I I					
4 Section 501(x)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(x)(4) election in effect during the text year? If 'Yes,' complete Schedule C, Part III  5 Is the organization a section 501(x)(4), 501(x)(5), or 501(x)(6) organization that receives membanish pluses, assessments, or similar amounts as defined in flevenue Procedure 81:97 II' 'Yes,' complete Schedule C, Part III II  5 Did the organization readeries may donor advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I I' Did the organization readers or hold a conservation essement, including assements to preserve open space, the environment, historic leaf areas, or historia structures? If 'Yes,' complete Schedule D, Part II I' Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II I' Set 'Yes,' complete Schedule D, Part II I' I' Set 'Yes,' complete Schedule D, Part II I'	_		3		X
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 96-197 // "Res," complete Schedule C, Part III	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts an defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III or Operation 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 III or Operation and areas, or historics structures III "Yes," complete Schedule D, Part III or Operation and areas, or historics structures III "Yes," complete Schedule D, Part III or Schedule D, Part III or Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listor in Part X, or provide credit counseling, dark management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV or Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quest-endowments If "Yes," complete Schedule D, Part V or objects Schedule D, Part X		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide activice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization reserved in hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I 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 oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV I I If the organization in the part X or provide oredit counseling, debt management, oredit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV I I If the organization or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV I I If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV I I If the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI I I I B to Part X, line 107 I I I I I I I I I I I I I I I I I I I	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  1 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  2 Did the organization report an amount in Part X, line 21, for escrow or outstodial account flability, serve as a custodian for amounts not listed in Part X, or provide cerebic counsaling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  1 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quesivendowments? If "Yes," complete Schedule D, Part VI  1 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 Did the organization report an amount for investments - other securibles 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 VI  2 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 VII  2 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 VII  2 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 VII  2 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 and XII  3 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 X			5		X
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       9 Did the organization proprt 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	7		_		v
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  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 X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  b Did the organization maintain an office, employees, or agents outside of the United States?  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 II and IV  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  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•		11f	х	
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					X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	20045

Page 4

### EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

Form 990 (2013)

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

	EASTERN CONNECTICUT MEDICAL	070		_
	990 (2013) PROFESSIONALS FOUNDATION, INC. 22-2546  TV Statements Regarding Other IRS Filings and Tax Compliance	0/8	Р	age 5
Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Orbotal Goloddio G Golddio E Toppolice of Free to any line in the Cart		Yes	No
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64		163	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1001000000		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	X	1097091701
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	74.123		
23	filled for the calendar year ending with or within the year covered by this return		eriesiii	
In	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ACCESSIONS:
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		aas	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	POSSOBIES.	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country:	elli becco	ilis (SSS)	nounding.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	care transfer	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		$\vdash$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Ų.	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	201111212	01030	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Г.,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	33000	Ognewa:	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		siene:	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ......

b Gross income from other sources (Do not net amounts due or paid to other sources against

a Gross income from members or shareholders

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(12) organizations. Enter:

14a

12a

13a

Form 990 (2013)

10b

11a

PROFESSIONALS FOUNDATION, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? d8 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons CTSection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply W Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NICHOLAS JAMIESON - 860-646-1222 320 MAIN STREET, MANCHESTER, 06040

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

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

### 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.

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

• 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.

(A) Name and Title	(B) Average			(C Posi	ition	1		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
Tame and The	hours per	box	not d , unie: cer an	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer x		Highest compensated smployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANTHONY DISTEFANO, M.D.	1.00	x						0.	0.	0.
TRUSTEE (2) DAVID NEUHAUS, M.D.	5.00	<u> </u>				$\vdash$		· · · · · · · · · · · · · · · · · · ·	·	· ·
MEDICAL DIRECTOR	55.00	x						0.	329,061.	13,733.
(3) RICHARD ORRIS, D.O.	60.00									
TRUSTEE		Х						227,774.	0.	30,384.
(4) JOEL REICH, M.D.	5.00									
SVP, MEDICAL AFFAIRS	55.00	X	<u> </u>					0.	522,615.	136,948.
(5) PETER J. KARL	5.00								4 400 040	400 004
PRESIDENT AND CEO	55.00	X		X				0.	1,123,212.	122,724.
(6) DENNIS G. O'NEILL	1.00									0
TRUSTEE	4.00	X						0.	0.	0.
(7) KEITH WOLFF	1.00	,,							•	0
TRUSTEE	1 00	Х						0.	0.	0.
(8) GREGORY WILLIAMS	1.00	x						0.	286,619.	9,377.
CHAIR/SVP, NETWORK SERVICES	5.00	1	$\vdash$					U •	200,019.	3,311.
(9) LINDA LEMIRE VICE PRESIDENT PATIENT CARE SERVICES		Х						0.	157 695	32,623.
(10) KEVIN G. MURPHY	5.00	Δ	$\vdash$					0.	137,023.	32,023.
EVP TREASURER (THROUGH OCT 2013)	55.00			х				0.	605,651.	26,680.
(11) MICHAEL D. VEILLETTE	5.00					-			003,0320	20,0001
SVP_CHIEF FINANCIAL OFFICER	55.00			х				0.	441,275.	58,896.
(12) DEBORAH GOGLIETTINO	5.00									
SVP, HUMAN RESOURCES	55.00				X			0.	350,668.	46,611.
(13) DENNIS MCCONVILLE	5.00									
SVP, STRATEGIC PLANNING	55.00				X			0.	325,180.	93,680.
(14) DEBORAH PARKER	5.00									
EVP, CHIEF CLINICAL OFFICER	55.00				X			0.	439,801.	58,046.
(15) CHARLES COVIN	5.00									
VP AND CIO (THROUGH NOV 2013)	55.00	<u> </u>			X			0.	158,898.	32,253.
(16) LEONA CROSSKEY	5.00								4 5 5 6 6 6 6	E2 042
VP, QUALITY	55.00				X			0.	177,688.	73,043.
(17) ROBERT CARROLL, M.D.	5.00							_	440 400	24 274
MED DIR, EMERGENCY DEPARTMENT	55.00	<u> </u>	Ш		X	l		0.	449,483.	34,371. Form <b>990</b> (2013)

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Form **990** (2013)

Form 990 (2013) PROFESS	TOWWO.	701	זעוי	- T -	LOI	ч,	r TA A	· •	22 2340	V/U Fage U
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	-
(A)	(B)							(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JOYCE TICHY	1.00								255 624	00 000
GENERAL COUNSEL					Х	<u> </u>	ļ	0.	355,681.	28,863.
(19) ALEXIA KOUDELLOU DOCTOR	60.00					x		366,814.	0.	27,717.
(20) ALI HEMACHA, M.D. DOCTOR	60.00					Х		489,744.	0.	31,821.
(21) BARRY NILES MESSINGER, M.D. DOCTOR	60.00					x		499,697.	0.	10,200.
(22) ALBERT LANGOU, M.D. MEDICAL DIRECTOR - HOSPITALISTS	60.00					х		401,558.	0.	31,805.
(23) VIPUL DUA DOCTOR	60.00					х		551,633.	0.	6,906.
1b Sub-total	,						<b>•</b>		5,723,527.	
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							<b>▶</b>	0. 2,537,220.	0. 5,723,527.	0. 906,681.
2 Total number of individuals (including but compensation from the organization							no re	eceived more than \$100	0,000 of reportable	72

Test No

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
PROPICIUS BIOSOLUTIONS, LLC	ORTHOPEDIC PHYSICIAN	
10 JORDAN LANE, UNIONVILLE, CT 06085	SERVICES	590,582.
GRIFFIN YORK & KRAUSE	MARKETING/ADVERTISIN	
121 RIVER FRONT DRIVE, MANCHESTER, NH 03102	G	485,357.
EASTERN SPORTS MEDICINE & SPINE ASSOCIATES,	ORTHOPEDIC PHYSICIAN	
837 PROSPECT AVENUE, WEST HARTFORD, CT 0610	SERVICES	455,950.
CONNECTICUT HOSPITAL ASSOCIATION		
P.O. BOX 90, WALLINGFORD, CT 06492	VARIOUS SERVICES	416,831.
CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC	NEONATAL PHYSICIAN	
282 WASHINGTON STREET, HARTFORD, CT 06106	SERVICES	256,875.
<ul> <li>Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ► 10</li> </ul>	d above) who received more than	enitzukaia Leksanbilaniak ar Kantan din Bukai kan din di Kantan din Bukai kan din din di

Form 990 (2013)

### EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

Form 990 (2013)

Page 9

ra	a revi i	Check if Schedule O cont		or note to any liv	ae in thic Part VIII			
		Cleck II Schedule O Cont	ains a response	of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
iifts, Grants ar Amounts	b	Federated campaigns  Membership dues  Fundraising events  Related organizations	1c					
Contributions, Gifts, Grants and Other Similar Amounts	f	Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines	ts, and ve 1f	3,356.				
<u>8 €</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	3,356.			
				Business Code	rama kammina nikumi nangikila a kasa a kupina nikupia filikibila p		skapi di kara	ikinentyvinutyjeisi
Program Service Revenue	2 a			621110	19,008,064.			
	b	OTHER OPERATING REVENU	E	621110	7,497,435.	7,497,435.		
	C							
Re	d							<u> </u>
P S	e							
		All other program service reve <b>Total.</b> Add lines 2a-2f			26,505,499.	id sikudeusik kepiseleh se	ja elejakan ja	Handeres i saves de la comp
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents	160,597.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	160,597.					
	q	Net rental income or (loss)			160,597.			160,597.
ŀ	7 a	Gross amount from sales of	(i) Securities	(ii) Other		SALAN STATE TO SALAR SAL		
		assets other than inventory						
	b	Less: cost or other basis and sales expenses				šerska ingusija statovaja sista. Bio 18 u Bacaranas u sersaja at	itti kajuttu (Kultara jisa) Japani Kulturia (Kultara)	rtaverojan sassa ezokilar ken kontenad sokilari
l	c	Gain or (loss)				er and english englisherer Samerer englisherer		2011:00:1:01:01:01:01:01:01:01:01:01:01:0
		Net gain or (loss)		<b></b>		LONDANIAN SALIKEET TOOMISEERI EEE INASY		Effective state in the lateral desirable
enne		Gross income from fundraising including \$	g events (not					
Other Rever		contributions reported on line Part IV, line 18	•					
F	b	Less: direct expenses						
۱		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19			engustaliang attendeng	d. Historya magas pistanyan	(Millionery a Buryllidae a c	uzarzachialaunzaleuch
		Less: direct expenses				100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ı		Net income or (loss) from gam		·	manana ang ang ang ang ang ang ang ang an			
	10 a	Gross sales of inventory, less						
		and allowances		1				
		Less: cost of goods sold						
}	С	Net income or (loss) from sales Miscellaneous Revenue		Business Code				gazati gazak tembasak
ŀ	11 a		0	Luaniesa Code	elvariation (Markette Olki 1976/96)		rausianistikisiiniilisiisiisiisi	a marringerijas ir enisiksi
	b							
	c							
ļ	d	All other revenue				· ·		
	e	Total. Add lines 11a-11d				Zbrakadorskapa (sp. 24. ba 1936 - Parkadorskapa (sp. 24. ba)		
	12	Total revenue, See instructions.			26,669,452.	26,505,499.	0.	160,597.
332009 10-29-	3 13			<u> </u>				Form <b>990</b> (2013)

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Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	ise or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			angridusirahan dideberga	MESCER LESSON POR PROPERTIE
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	L-WARMIP .			
5	Compensation of current officers, directors,	486,854.	413,826.	73,028.	
_	trustees, and key employees	400,034.	±13,020°	,5,0201	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
-		18,776,022.	15,959,619.	2,816,403.	
7	Other salaries and wages Pension plan accruals and contributions (include		,,	_,,,	
8	section 401(k) and 403(b) employer contributions)	476,813.	405,291.	71,522.	
9	Other employee benefits	1,367,246.		205,087.	
9 10	Payroll taxes	1,122,398.	954,038.	168,360.	
11	Fees for services (non-employees):		, , , , , , , , , , , , , , , , , , , ,		
''	Management				
b	Legal				
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,				
a	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	76,845.		76,845.	
13	Office expenses	369,324.	184,662.	184,662.	
14	Information technology				
15	Royalties				
16	Occupancy	2,141,760.	1,820,496.	321,264.	
17	Travel	13,471.	8,756.	4,715.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	217,894.	141,631.	76,263.	
20	Interest	14,202.	14,202.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	634,455.	539,287.	95,168.	
23	Insurance	254,494.	216,320.	38,174.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				enu turio et en
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)			1 005 005	
а	PURCHASED SERVICES	6,834,900.	5,809,665.	1,025,235.	
b	MEDICAL SUPPLES EXPENSE	508,126.	508,126. 107,579.	10 001	
С	TELEPHONE	126,563.	10/,5/9•	18,984. 90,374.	
d	DUES	90,374.		212,477.	
е	All other expenses	212,477.	20 215 657	5,478,561.	0
25	Total functional expenses. Add lines 1 through 24e	33,724,218.	28,245,657.	J,4/0,301.	U
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013

Part	Χ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			93,515.	1	192,024.
	2	Savings and temporary cash investments				2	
- 1	3	Pledges and grants receivable, net				3	
ı	4	Accounts receivable, net			2,881,621.	4	2,090,800
	5	Loans and other receivables from current and fo			uzekeci og rote aranyech reckhyrden.	ineinen.	respective a department of the contraction of the section of the s
		trustees, key employees, and highest compensa					
		Part II of Schedule L		· · ·	33333232 3774 3712 3712 3712 3712 3712 3712 3712 3712	5	
	6	Loans and other receivables from other disquali	0460 SENTENDS (7450) CODE (1459) YE	Charto	09015751750501465575500465655		
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect		F4			
<u>s</u>		employees' beneficiary organizations (see instr).		· · · · · · · · · · · · · · · · · · ·	4 - 180 f	6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use			15,926.	8	15,926
	9	Prepaid expenses and deferred charges	295,148.	9	405,503		
1	10a	Land, buildings, and equipment: cost or other			Constitution and Constitution (Constitution)	la SSLO ISS La SSLO ISS	necolembasymmers kachways
		basis. Complete Part VI of Schedule D	10a	5,008,484.			
	b	Less: accumulated depreciation	2,847,719.	10c	2,469,251		
1	11	Investments - publicly traded securities			11		
1	12	Investments - other securities. See Part IV, line 1	·	12			
1	13	Investments - program-related. See Part IV, line			13		
1	14	Intangible assets		517,746.	14	592,420	
1	15	Other assets. See Part IV, line 11			15		
1	16	Total assets. Add lines 1 through 15 (must equa			6,651,675.	16	5,765,924
1	17	Accounts payable and accrued expenses			2,272,436.	17	2,145,168
1	18	Grants payable		18			
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
S 2	22	Loans and other payables to current and former		1 to 1			
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			266 222	22	222
<b>-</b>   2	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	366,832.	23	223,265
2	24	Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax, pages					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	4 040 000		2 070 746
					4,040,098.	25	2,879,746. 5,248,179.
2	26	Total liabilities. Add lines 17 through 25			6,679,366.	26	J, 248, 179
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🕰 and			71.15.56111.7611311.1671.031.371.13241.7611
Ses	_	complete lines 27 through 29, and lines 33 an			-27,691.		517,745
	27	Unrestricted net assets			~21,031.	27	J17,74J
E 2		Temporarily restricted net assets				28	
	29			s	(65, 15 55, 555, 152, 151, 152, 153, 153, 153, 153, 153, 153, 153, 153	29	
Ĕ l		Organizations that do not follow SFAS 117 (A	SC 958	о), спеск пеге ▶ Ш			
ō		and complete lines 30 through 34.		20			
set 3	30	Capital stock or trust principal, or current funds				30 31	7
& 3	31	Paid-in or capital surplus, or land, building, or eq				$\vdash$	
¥ I		Retained earnings, endowment, accumulated inc			-27,691.	32	517,745.
3		Total net assets or fund balances			6,651,675.	33 34	5,765,924.
13	34	Total liabilities and net assets/fund balances			0,00±,010+	J4	Form <b>990</b> (2013)

Form 990 (2013)

Form	990 (2013) PROFESSIONALS FOUNDATION, INC.	Zi Zi	2007		raye	9 14
Pa	t XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI	······			., L	X
				~ ^		- ^
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,7			
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,0			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		27,	, 69	1.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	_7				·
8	Prior period adjustments	8		^ ^		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,6	UU,	. 20	<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_	4 177	P7 /	r e
	column (B))	10	5	17	, /4	:5.
Pa	t XII Financial Statements and Reporting				Г	X
	Check if Schedule O contains a response or note to any line in this Part XII					No.
	<b>.</b>		27.5		2 <b>5</b>	NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_	( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			acau s aran S	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	0600			
	separate basis, consolidated basis, or both:					
_	Separate basis Consolidated basis Both consolidated and separate basis		2		ζ	MARKE
b	Were the organization's financial statements audited by an independent accountant?			D   2	2	I NO.
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e pasis	•			
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis					and a
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a audit	75175 25175 25175			200313 200313
С	review, or compilation of its financial statements and selection of an independent accountant?			2 ا ء	ζ	EEGHE
	review, or compilation of its financial statements and selection of an independent accountance.  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
20	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
Sa	1 1 1 OMB 01 1 4 4000	19.0 / 10	3:	a	GYLOPE)	X
h	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au			$\top$	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	ь		
	or asserted expression may an expression of the second of		Foi	m <b>9</b> 9	0 (2	2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

EASTERN CONNECTICUT MEDICAL

PROFESSIONALS FOUNDATION INC.

Employer identification number 22-2546078

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Pa	art I	Reason	for Public Char	<b>rity Status</b> (All organiz	ations mu	st complet	te this pan	t.) See inst	tructions.				
The	orgar	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	)_				
2		A school des	cribed in <b>section 1</b> 7	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
3	X	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	l's nan	ıe,
		city, and stat											
5				benefit of a college or ur	niversity o	wned or o	perated by	a governi	mental uni	t describ	ed in		
		-	( <b>b)(1)(A)(iv).</b> (Compl		,								
6				ent or governmental uni	t describe	d in sectio	n 170(b)(1	1)(A)(v).					
7				eives a substantial part					or from the	general	public desc	ribed i	in
•		•	(b)(1)(A)(vi). (Comple	•	, ,		Ü			J	•		
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
	18	Private foundation. If the organization	n dia not check a	box on line 13, 16	ea, 160, 178, 01171			

# Schedule A (Form 990 or 990-EZ) 2013 PROFESSIONALS FOUNDATION, INC.

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</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 per-						
	formed, 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 unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ļ					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ļ		İ		İ	
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	gi de alverrenciosi		azuwacaspanek			
	ction B. Total Support	20 10 10 10 10 10 10 10 10 10 10 10 10 10		The state of the s		Process Carlotte and Carlotte a	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(4) 2000	(2) 20 10	(4) =	(-,/ =		
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	ļ l					
F	Unrelated business taxable income						
-	(less section 511 taxes) from businesses		i				
	acquired after June 30, 1975	ļ					
	Add lines 10a and 10b						
	Net income from unrelated business						
•	activities not included in line 10b,	ļ					ı
	whether or not the business is	!					
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the Constitution of	- 6:	1		- FO1(-)(0)i	ation
14	First five years. If the Form 990 is fo						ation,
<u></u>	check this box and stop here ction C. Computation of Publ	lie Cupport Do	roontogo				<b>&gt;</b>
						15	0/
	Public support percentage for 2013 (						<u>%</u>
	Public support percentage from 2012					16	%
_	ction D. Computation of Inve			··			^/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19	33 1/3% support tests - 2013. If the						/ is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2012. If the	_					
	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u></u> ▶□

332023 09-25-13

# EASTERN CONNECTICUT MEDICAL

			•	17b; and Part III, line 12.
 Also complete this part	for any additional info	ormation. (See instru	ctions).	 ·
	Manager 1			
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 EASTERN CONNECTICUT MEDICAL

PROFESSIONALS FOUNDATION, INC.

Employer identification number 22-2546078

organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other accounts  1 Total number at end of year  2 Aggregate varies at end of year  2 Aggregate varies at end of year  3 Aggregate varies at end of year  3 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 is property, subject to the organization's exclusive legal control?  5 Did the organization in property, subject to the organization's exclusive legal control?  6 Did the organization in grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible provides benefit?  7 Portion of Conservation Essements. Complete if the organization (and the apply).  7 Preservation of land for public use leg., increation or education) Preservation of an historically important land area in Preservation of an artificial habitat Preservation of a natural habitat Preservation of a preservation of a public of the tax year.  a Total number of conservation essements  5 Did the organization essements  6 Number of conservation essements  7 On the National Register  8 Number of conservation essements inclusivation in causing the funding of violations, and enforted preservation essements inclusivation in causing in special preservation of the funding of violations, and enforted preservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforted preservation essements inclusive in the conservation essements inclusive in the conservation essements on a conflict, transferred, released, extinguished, or terminated by the organization during the text year.  8 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the text year.  9 Number of conservation essements modified,	Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization inform all grantees, chrons, and donor advisors in writing that the assets hold in donor advisors funds are the organization's property, subject to the organizator's exclusive legal control? 6 Did the organization inform all grantees, chrons, and donor advisors in writing that grant funds can be used only for charitable purposes and not to the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?  Part III: Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of population or public use (e.g., recreation or education)  Preservation of an organization answered 'Yes' to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of 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.  a Total number of curservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acculred after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acculred after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acculred after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, estinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easements is located by the organization during the property subject to conservation ea		organization answered "Yes" to Form 990, Part IV, line		
2 Aggregate contributions to (futning year) 3 Aggregate contributions to (futning year) 4 Aggregate value at und 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 inform all grantless, cenors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the barrelf of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?    Part III   Conservation Easements. Complete if the organization (check all that apoly).   Preservation of land for public use (e.g., recreation or equication)   Preservation of an historically important land area   Preservation of land for public use (e.g., recreation or equication)   Preservation of a certified historic structure   Preservation of open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Pre			(a) Donor advised funds	(b) Funds and other accounts
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are the organization's property, subject to the organization's exclusive legal control?	4			
Bit the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part	5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
The charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring   Yes   No   Part		are the organization's property, subject to the organization's	exclusive legal control?	Yes No
Part II   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purposes(s) of conservation easements held by the organization (chack all that apply).   Preservation of fand for public use (e.g., recreation or education)   Preservation of an historically important land area   Protection of natural habitat   Preservation of open space   Preservation of open space   Preservation of open space   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.  a Total number of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation   Pre	6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	e used only
Part II. S Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7.  1 Purpose(s) of conservation easements held by the organization (chack all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area □ Preservation of natural habitat □ Preservation of pone 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f)  9 In Part XIII, describe how the organization reports conservation easements and easements during the year ▶ \$  Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to the organization is financial statements that describes these theory provide, in Part XIII, the text of the footnote to its financi		for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Part II. S Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7.  1 Purpose(s) of conservation easements held by the organization (chack all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area □ Preservation of natural habitat □ Preservation of pone 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f)  9 In Part XIII, describe how the organization reports conservation easements and easements during the year ▶ \$  Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to the organization is financial statements that describes these theory provide, in Part XIII, the text of the footnote to its financi		impermissible private benefit?		Yes No
Preservation of an for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of natural habitat Preservation of a certified historic structure Preservation of open space 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.  It led a the End of the Tax Year  Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation, inspecting, and enforcing conservation easements cluring the year  No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  No No line of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  No No line part XIII, describe how the organization reports conservation easements that describes the organization of a conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Ves" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or o	Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)  and section 170(h)(4)(B)(l)(l)  Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization separates and later easements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or Other Similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the		Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	istorically important land area
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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  2 Number of states where property subject to conservation easement is located ▶  2 Number of states where property subject to conservation easement is located ▶  3 Number of states where property subject to conservation easement is located ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)		Protection of natural habitat	Preservation of a cer	tified historic structure
a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)				
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b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  (i) Revenues included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar asset				Held at the End of the Tax Year
o Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)4(B)(B) in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or	а	Total number of conservation easements		2a
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A Number of states where properly subject to conservation easement is located ►  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)		listed in the National Register		
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Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)? Yes No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  In If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1				
Boos each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  I Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part VIII, line 1  (iii) Assets included in Form 990, Part VIII, line 1  (iv) Assets included in Form 990, Part VIII, line 1  (iv) Assets included in Form 990, Part VIII, line 1  (iv) Assets included in Form 990, Part VIII, line 1  (iv) Assets included in Form 990, Part VIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part X	7			
<ul> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1  Beginning to these items:  Beginning to these items:  Beginning to these items:  Beginning to these items:  Beginning to these items:  Beginning to these items:  Beginning to these items:  Beginning to these items:  Beginning to the service and expenses at the describes the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  Beginning the text of</li></ul>	8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	
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If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1	Pai			other Similar Assets.
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(i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1		treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
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a Revenues included in Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  \$				
b Assets included in Form 990, Part X				
	b	Assets included in Form 990, Part X		Þ Þ

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

2,469,251.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.		"	
Complete if the organization answered "Yes" t	to Form 990, Part IV, (b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1) Financial derivatives			,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			***************************************
(G)			
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			ANIERSKA DEGENERACIONES ES
Part VIII Investments - Program Related.		Manager in the state of the sta	y or egy ye manus 1 a adquiringan jirak kala kiri kala kala baga kale giji.
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV, ( <b>b)</b> Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
	(b) BOOK Value	(c) Metriod of Valdation. Cost of ea	id-or year market vasue
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to		line 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			<u> </u>
(6)			
(7)	40.41		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	÷ 15.)	<b>&gt;</b>	•
Part X Other Liabilities.			_
Complete if the organization answered "Yes" t	to Form 990, Part IV,		5. Sadasah huterbasisik nampanan proposisisis
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes (2) ESTIMATED SETTLEMENTS DUE	TO THIRD	PATENTIAL TO THE PATENT	
TO A DOMEST DO A LETTER OF	TO THIED	65,838.	12 GEORGE 2012 SOM DANGE & ST
THE DO RESTRICT		2,813,908.	
(5)			
(6) (7)		ARBITAN KALENDAR (KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KA HARIO KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALENDAR KALEND HARIO KALENDAR	CHIODE ROUGERS CONTRIBUTE
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	2,879,746.	
2. Liability for uncertain tax positions. In Part XIII, provide		ote to the organization's financial statement	s that reports the

332053

Schedule D (Form 990) 2013

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

		<del>-</del>	FOUNDAT d Financial	ION, INC. Statements		22- eturi	
1	Total revenue, gains, and other supp	ort per audited finar	ncial statements			1	
2	Amounts included on line 1 but not	n Form 990, Part VII	II, line 12:	ı	1		

a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

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

### PART X, LINE 2:

THE NETWORK ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN

ACCORDANCE WITH PROVISIONS OF FASB ASC 740, "INCOME TAXES," WHICH PROVIDES A FRAMEWORK FOR HOW COMPANIES SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE UNCERTAIN TAX POSITIONS IN THEIR CONSOLIDATED FINANCIAL THE NETWORK MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN STATEMENTS. TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE NETWORK DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2014 AND 2013. AS OF SEPTEMEBER 30, 2014 AND 2013, THE NETWORK DID NOT RECORD ANY PENALTIES OR INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS. GENERALLY, THE NETWORK'S PRIOR THREE TAX

Schedule D (Form 990) 2013

# EASTERN CONNECTICUT MEDICAL 22-2546078 Page 5 Schedule D (Form 990) 2013 PROFESSION Part XIII Supplemental Information (continued) PROFESSIONALS FOUNDATION, INC. YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

### **SCHEDULE J** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. OMB No. 1545-0047

Open to Public Inspection Employer identification number

Schedule J (Form 990) 2013

22-2546078

Pa	irt I Questions Regarding Compensation			
<u> </u>		and the same	Yes	No
<b>1</b> a	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.	Tercansa		
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	\$41500000 \$5000000		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			4.89.55
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		Comme	
		32.20.20		
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		.,
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	Mana.		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	2001263A		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant			
	Form 990 of other organizations  Approval by the board or compensation committee			
			anana anana	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1000000		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	<u> </u>
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		AND THE STATE OF T		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	frie die	ucanies S	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	enseligh)		
	contingent on the revenues of:		Constant Constant	
а	The organization?	5a	<u> </u>	X
b	Any related organization?	5b	1000110000	Х
	If "Yes" to line 5a or 5b, describe in Part III.	alvigir alvigir	ixonta	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	12000		
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	Patient Patient	arison.	
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u> </u>	<u></u>

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### EASTERN CONNECTICUT MEDICAL

22-2546078 PROFESSIONALS FOUNDATION, INC.

Page 2

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)(f)-(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-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benents	(B)(I)-(D)	in prior Form 990
(1) DAVID NEUHAUS, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
MEDICAL DIRECTOR	(ii)	299,061.	30,000.	0.	12,750.	983.	342,794.	0.
(2) RICHARD ORRIS, D.O.	(i)	212,774.	15,000.	0.	8,783.	21,601.	258,158.	0.
TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOEL REICH, M.D.	(i)	0.	Ö.	0.	0.	0.	0.	0.
SVP, MEDICAL AFFAIRS	(ii)	338,385.	184,230.	0.	119,923.	17,025.	659,563.	109,131.
(4) PETER J. KARL	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	572,400.	550,812.	0.	97,575.	25,149.	1,245,936.	360,237.
(5) GREGORY WILLIAMS	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIR/SVP, NETWORK SERVICES	(ii)	286,619.	0.	0.	1,640.	7,737.	295,996.	0.
(6) LINDA LEMIRE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT PATIENT CARE SERVICES	(ii)	157,445.	250.	0.	3,149.	29,474.	190,318.	0.
(7) KEVIN G. MURPHY	(i)	0.	0.	0.	0.	0.	0.	0.
EVP, TREASURER (THROUGH OCT 2013)	(ii)	347,516.	178,255.	79,880.	9,505.	17,175.	632,331.	154,642.
(8) MICHAEL D. VEILLETTE	(i)	0.	0.	0.	0.	0.	0.	0.
SVP, CHIEF FINANCIAL OFFICER	(ii)	306,037.	135,238.	0.	36,975.	21,921.	500,171.	58,014.
(9) DEBORAH GOGLIETTINO	(i)	0.	0.	0.	0.	0.	0.	0.
SVP, HUMAN RESOURCES	(ii)	222,929.	127,739.	0.	29,790.	16,821.	397,279.	71,339.
(10) DENNIS MCCONVILLE	(i)	0.	0.	0.	0.	0.	0.	0.
SVP, STRATEGIC PLANNING	(ii)	207,957.	117,223.	0.	82,752.	10,928.	418,860.	68,020.
(11) DEBORAH PARKER	(i)	0.	0.	0.	0.	0.	0.	0.
EVP, CHIEF CLINICAL OFFICER	(ii)	294,718.	145,083.	0.	35,251.	22,795.	497,847.	73,202.
(12) CHARLES COVIN	(0)	0.	0.	0.	0.	0.	0.	0.
VP AND CIO (THROUGH NOV 2013)	(ii)	151,398.	7,500.	0.	20,292.	11,961.	191,151.	0.
(13) LEONA CROSSKEY	(i)	0.	0.	0.	0.	0.	0.	0.
VP, QUALITY	(ii)	150,246.	27,442.	0.	55,175.	17,868.	250,731.	0.
(14) ROBERT CARROLL, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
MED DIR, EMERGENCY DEPARTMENT	(ii)	376,654.	72,829.	0.	12,750.	21,621.	483,854.	0.
(15) JOYCE TICHY	(i)	0.	0.	0.	0.	0.	0.	0.
GENERAL COUNSEL	(ii)	257,881.	97,800.	0.	7,650.	21,213.		0.
(16) ALEXIA KOUDELLOU	(i)	366,814.	0.	0.	10,200.	17,517.	394,531.	0.
DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

### EASTERN CONNECTICUT MEDICAL

PROFESSIONALS FOUNDATION, INC. Schedule J (Form 990) 2013

22-2546078

Page 2

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	genenis	(B)(I)-(D)	in prior Form 990
(17) ALI HEMACHA, M.D.	(i)	489,744.	0.	0.	10,200.	21,621.		0.
DOCTOR	(ii)	0.	0.	0.	0.	0.		0.
(18) BARRY NILES MESSINGER, M.D.	(i)	499,697.	0.	0.	10,200.	0.		0.
DOCTOR	<u>[(ii)</u>	0.	0.	0.	0.	0.		0.
(19) ALBERT LANGOU, M.D.	(i)	376,258.	25,300.	0.	10,200.	21,605.		0.
MEDICAL DIRECTOR - HOSPITALISTS	(ii)	0.	0.	0.	0.	0.		0.
(20) VIPUL DUA	(i)	551,633.	0.	0.	5,923.	983.		0.
DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	0						<del> </del>	
· · · · · · · · · · · · · · · · · · ·	(ii)		-				<u> </u>	<b></b>
	(1)			4.				
	(ii)		****					
	(i)							
	(ii)						L	ule J (Form 990) 2013

Schedule J (Form 990) 2013

# EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

COMPLETE BOTH A SELF-EVALUATION AND A PEER EVALUATION.

ASSESSMENTS COMPLETED BY MEMBERS OF THE SENIOR LEADERSHIP TEAM ARE REVIEWED BY THE CEO WHO DISCUSSES THE RESULTS WITH THE MEMBERS OF THE COMMITTEE ON

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

PART I, LINE 3:

THE BOARD OF TRUSTEES (THE "BOARD") APPOINTS AN EXECUTIVE

COMPENSATION COMMITTEE (THE "COMMITTEE") AND HAS DELEGATED THE

RESPONSIBILITY OF COMPLETING AN ANNUAL MARKET ANALYSIS OF THE CEO'S

COMPENSATION AND OTHER SENIOR EXECUTIVES AND COMPLETION OF THE CEO'S ANNUAL

PERFORMANCE REVIEW.

THE EVALUATION OF THE CEO IS AN IMPORTANT RESPONSIBILITY OF THE BOARD AND

IS CRITICAL TO THE GOVERNANCE RESPONSIBILITIES OF THE BOARD. THE EXECUTIVE

COMPENSATION COMMITTEE SOLICITS FEEDBACK ABOUT THE PERFORMANCE OF THE CEO

FROM EVERY ACTIVE BOARD MEMBER WHICH WHEN RECEIVED IS ANALYZED AND REVIEWED

BY THE MEMBERS OF THE COMMITTEE. THE CEO COMPLETES A SELF-EVALUATION AND AN

EVALUATION FOR ALL ELIGIBLE MEMBERS OF THE SENIOR LEADERSHIP TEAM, WHO

- Resident Control of Management And Control of Management (Control of Management Control 22-2546078

AN ANNUAL BASIS.

Schedule J (Form 990) 2013

Part III Supplemental Information

THE RESULTS OF THE

# EASTERN CONNECTICUT MEDICAL

Schedule J (Form 990) 2013 PROFESSIONALS FOUNDATION, INC.

22-2546078

Page 3

Part III Supplemental Information

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

THE EXECUTIVE COMPENSATION COMMITTEE IN COLLABORATION WITH THE CEO
EVALUATES AND APPROVES ORGANIZATIONAL PERFORMANCE OBJECTIVES BOTH ON AN

ANNUAL AND LONG TERM BASIS AND FOCUSES ON THOSE GOALS WITH THE GREATEST

IMPACT TO THE ORGANIZATION'S STRATEGY AND MISSION. THE COMMITTEE ENSURES AN

ANNUAL REVIEW OF THE CEO'S PERFORMANCE IN RELATION TO THESE GOALS; REVIEWS

THE TALLY SHEETS TO UNDERSTAND THE ECONOMICS OF THE EMPLOYEE BENEFITS;

RETAINS AND ENSURES THE INDEPENDENCE OF ITS EXTERNAL CONSULTANTS AND

ADVISORS AND INVOLVES RELEVANT ORGANIZATIONAL RESOURCES AS APPROPRIATE TO

CARRY OUT ITS RESPONSIBILITIES.

THE COMMITTEE ENSURES TRANSPARENCY AND DISCLOSURE TO THE BOARD BY

PRESENTING THE RESULTS OF THE ANNUAL PERFORMANCE AND MARKET REVIEWS

PROVIDING THE BOARD WITH THE OPPORTUNITY FOR FURTHER INPUT AND

CONSIDERATION AND ASKING THAT THE BOARD TAKE ACTION ON THE RECOMMENDATION

OF THE COMMITTEE IF THE RECOMMENDATION IS APPROPRIATE. THE BOARD HAS THE

OPPORTUNITY TO CHANGE ANY RECOMMENDATIONS OF THE COMMITTEE IF IT SO

DESIRES. MEMBERS OF THE BOARD AND OF THE COMMITTEE WHO MAY BE INTERESTED

PARTIES ARE ASKED TO RECUSE THEMSELVES FROM ANY REQUIRED VOTES TO AVOID

CONFLICTS OF INTEREST. THE COMMITTEE ENSURES THAT THE PROCESS MEETS

Schedule J (Form 990) 2013

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EASTERN	CONNECTICUT	MEDICAL

22-2546078 Page 3 PROFESSIONALS FOUNDATION, INC. Schedule J (Form 990) 2013 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. COMPLIANCE STANDARDS. PART I, LINES 4A-B: LINE 4A, SEVERANCE PAYMENT: KEVIN MURPHY - \$79,880 LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: PETER KARL - \$84,825 MICHAEL VEILLETTE - \$24,225 DEBORAH GOGLIETTINO - \$17,625 DEBORAH PARKER - \$22,501 DENNIS MCCONVILLE - \$15,975 JOEL REICH - \$25,845 PART I, QUESTIONS 5A, 5B, 6A AND 6B: THE ECHN EXECUTIVE INCENTIVE COMPENSATION PLAN IS A PLAN THAT HAS BEEN DEVELOPED, REVIEWED AND IS ANNUALLY APPROVED BY MEMBERS OF THE BOARD EXECUTIVE COMPENSATION COMMITTEE WITH CONSULTANT THIRD PARTY OVERSIGHT. Schedule J (Form 990) 2013

EASTERN	CONNEC	TICUT	MEDIC	AL
DDADDCCT	ONTAILS.	FOITMIN	MOTTA	TNC

22-2546078 Schedule J (Form 990) 2013 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. THE PLAN ESTABLISHES GOALS IN 4 AREAS OF PERFORMANCE: SYSTEM-WIDE FINANCIAL PERFORMANCE BASED ON PROFIT FROM OPERATIONS, TWO QUALITY OUTCOMES IN CLINICAL CORE MEASURES AND PATIENT SATISFACTION AND AN INDIVIDUAL GOAL (WHICH HAS A SEPARATE MEASUREMENT FOR TEAM ASSESSMENT) FOR EACH MEMBER OF THE INCENTIVE PROGRAM. THERE IS NO EXECUTIVE COMPENSATION TIED TO THE REVENUES OF THE REPORTING ORGANIZATION OR OTHER RELATED ENTITIES. THERE IS EXECUTIVE COMPENSATION TIED TO THE NET EARNINGS (INCOME FROM OPERATIONS), AS NOTED IN THE PRIOR PARAGRAPH, HOWEVER IT IS ONE OF FOUR PERFORMANCE LEVERS THAT DETERMINE THE LEVEL OF COMPENSATION. THE AGGREGATE NET EARNINGS OF THE ECHN "SYSTEM" NOT ANY ONE REPORTING ORGANIZATION OR RELATED ENTITIES OF ECHN DETERMINE THIS COMPENSATION. SO TO CONCLUDE, THE ANSWER TO THESE 4 QUESTIONS IS "NO" WITH THE CLARIFICATION THAT IT IS THE PERFORMANCE OF THE ENTIRE SYSTEM AS A WHOLE THAT DETERMINES EXECUTIVE COMPENSATION, NOT ONE REPORTING ORGANIZATION OR A RELATED

ENTITY.

### EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

22-2546078 Page 3 Schedule J (Form 990) 2013 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. MEMBERS OF THE INCENTIVE PROGRAM INCLUDE THE FOLLOWING: POSITION TITLE - KEY EMPLOYEE NAME PRESIDENT AND CEO - PETER J. KARL SVP, CHIEF FINANCIAL OFFICER - MICHAEL D. VEILLETTE SVP, HUMAN RESOURCES - DEBORAH GOGLIETTINO SVP, STRATEGIC PLANNING - DENNIS MCCONVILLE EVP, CHIEF CLINICAL OFFICER - DEBORAH PARKER SVP, MEDICAL AFFAIRS - JOEL REICH, MD VP QUALITY - LEONA CROSSKEY MED. DIR. EMERGENCY DEPARTMENT - ROBERT CARROLL, MD GENERAL COUNSEL - JOYCE TICHY PART II THE SALARY INFORMATION PROVIDED WITHIN SCHEDULE J REPRESENTS CALENDAR YEAR 2013 WAGES AND BENEFITS. AS COMPARED TO THE PRIOR YEAR RETURN, THE MAJOR CHANGES ARE: THE LONG TERM RETENTION BENEFIT REACHED MATURITY UPON THE COMPLETION OF

332113 09-13-13

Schedule J (Form 990) 2013

	EASTERN CONN.	ECTICUT MEDICAL
m 990) 2013	PROFESSIONAL	S FOUNDATION, INC.

22-2546078 Page 3 Schedule J (For Part lit Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. THE FOUR YEAR VESTING PERIOD. THIS BENEFIT WAS PAID IN 2013 AND WAS FOR VESTING YEARS ENDED 9/30/10, 9/30/11, 9/30/12 AND 9/30/13. THREE OF THE FOUR VESTED YEARS WERE REPORTED AS DEFERRED INCOME IN PRIOR RETURNS ON SCHEDULE J - LINE F (COMPENSATION REPORTED AS DEFERRED IN PRIOR FORM 990). IN CALENDAR YEAR 2013 WE IMPLEMENTED A FURLOUGH PROGRAM WHICH MEANT THAT EXECUTIVES RECEIVED AN UNPAID WEEK OF VACATION. THIS APPROXIMATED A 2% PAY REDUCTION. ANOTHER CHANGE TO PRIOR YEAR'S COMPENSATION IS THAT THE MONEY MATCH PROGRAM WAS REINSTATED IN CALENDAR YEAR 2013.

### SCHEDULE L

Department of the Treasury

### Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

(Form 990 or 990-EZ)

EASTERN CONNECTICUT MEDICAL

Employer identification number

PROFESSIONALS FOUNDATION, INC. 22-2546078 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (c) Description of transaction (a) Name of disqualified person person and organization Yes-2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under **\$** section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or committee? (d) Loan to or (i) Written (b) Relationship (c) Purpose (e) Original (a) Name of (f) Balance due (g) In from the agreement? interested person with organization of loan principal amount default? organization? Yes To From Yes No No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2013

## Schedule L (Form 990 or 990-EZ) 2013 PROFESSIONALS FOUNDATION, INC.

00.10000	(1 01111 000 01 0	,			
Part V	Business	Transactions	Involving	Interested	Persons

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
DR. DENNIS O'NEILL	SEE PART V		SEE PART V, SEE PART V,		X
ANTHONY DISTEFANO, MD	SEE PART V	U •	SEE PART V,	+	Х
				<del>  </del>	
				-	
Part V Supplemental Information	<del></del>		<u> </u>		
Provide additional information for response	onses to questions on Schedule L (see i	instructions).			
COLL DADE THE DUCTNESS OF		YO YMMIIDIIG	ED DEDGOM		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVII	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: DR. DE	NNIS O'NEILL				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON ANI	O ORGANIZAT	ION:		
SEE PART V S	SEE NOTE (1) BELOW				
SEE PARI V	EE NOIE (I) DEDOW				
(C) AMOUNT OF TRANSACTION	\$ -0-				
(D) DESCRIPTION OF TRANSAC	TION: SEE PART V, NO	OTE (3) BEL	OW		<del></del>
ECPC CONTRACTS WITH ECHN,	INC. TO PROVIDE PATE	HOLOGY SERV	ICES AND LA	λB	
2020 0011111012 111111					
MANAGEMENT SERVICES TO MMH	AND RGH. ALL PAYMI	ENTS MADE T	O ECPC ARE	FOR	
DUDDOGEG OF ODEDAMING BUE	DITCENTEGO AND MATNEY	INTING ODEDA	MINO CACITRI	OT-7 -	
PURPOSES OF OPERATING THE	BUSINESS AND MAINTA	INING OPERA	TING CASHFI	iOW;	· · · · · · · · · · · · · · · · · · ·
PAYMENTS ARE NOT DIRECTLY	TO ANY OF THE OWNERS	S.			
			+3************************************		
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				
(A) NAME OF PERSON: ANTHON	Y DISTEFANO, MD				
		_			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON ANI	O ORGANIZAT	ION:		
SEE PART V S	EE NOTE (2) BELOW				
(C) AMOUNT OF TRANSACTION	\$ -0-				
/p) processment of making of	MION GER DADM II NO	Smr (4) TSTST	Ota		
(D) DESCRIPTION OF TRANSAC	TION: SEE PART V, NO	JIE (4) BEL	OW.		
SALARY PAID TO LIZANNE DIS	TEFANO AS AN EMPLOYI	EE OF RGH.			
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

Employer identification number 22-2546078

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND SPECIALTY CARE AND LABORATORY SERVICES. PATIENTS HAVE ACCESS TO THE
COMBINED EXPERIENCE AND RESOURCES OF OUR TWO NATIONALLY RECOGNIZED
HOSPITAL AFFILIATES, HUNDREDS OF PHYSICIANS, SPECIALISTS AND OTHER
PROVIDERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RELATED MEDICAL AND HEALTHCARE PROGRAMS AND SERVICES.
FORM 990, PART VI, SECTION A, LINE 6:
ECHN IS THE SOLE MEMBER OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A:
ECHN HAS THE AUTHORITY TO ELECT TRUSTEES AND OFFICERS AND
APPOINT COMMITTEE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
ECHN HAS VARIOUS POWERS INCLUDING BUT NOT LIMITED TO:
APPROVING ALL OPERATING AND CAPITAL BUDGETS, CONTROLLING THE INVESTMENT OF
FUNDS, LOCATION OF SERVICES, AGREEMENTS AND TRANSACTIONS, AFFILIATIONS,
CHANGES, AMENDMENTS, OR RESTATEMENTS OF CERTIFICATES OF INCORPORATION AND
BYLAWS, ADOPTING A SYSTEM-WIDE VISION AND STRATEGIC PLANS, AND APPROVING
DEBT BORROWINGS.
FORM 990, PART VI, SECTION B, LINE 11:

PRIOR TO THE FILING OF THE FORM 990, THE FOLLOWING STEPS ARE

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

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

TAKEN: 1) THE ACCOUNTING MANAGER, TOGETHER WITH OTHER MEMBERS OF THE

FINANCE DEPARTMENT, CONDUCT A REVIEW OF THE 990 ALONG WITH A REVIEW AND

RECONCILIATION OF THE 990 TO THE AUDITED FINANCIAL STATEMENTS; 2) THE

ACCOUNTING MANAGER CONDUCTS AN EXTENSIVE REVIEW AND DISCUSSION OF THE 990

WITH THE CPA FIRM THAT PREPARES THE RETURN; 3) AN ELECTRONIC COPY OF THE

990 IS MADE AVAILABLE TO THE AUDIT AND CORPORATE COMMITTEE OF THE BOARD OF

TRUSTEES (THE GOVERNING BOARD), AND SENIOR MANAGEMENT OF THE ORGANIZATION,

FOR REVIEW.

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

ANNUALLY, THE CORPORATE COMPLIANCE/INTERNAL AUDIT DEPARTMENT

PROVIDES TO OFFICERS, DIRECTORS, OR TRUSTEES AND KEY EMPLOYEES THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT. EACH

INDIVIDUAL IS REQUIRED TO RETURN TO THE DEPARTMENT A SIGNED DOCUMENT,

ACKNOWLEDGING RECEIPT OF THE POLICY AND DISCLOSURE STATEMENT AND DISCLOSE

ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. A SUMMARY OF THE

DISCLOSURES IS SHARED WITH THE CHAIRMAN OF THE BOARD OF TRUSTEES AND WITH

THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE OF THE BOARD. INDIVIDUALS WHO

ARE IDENTIFIED AS HAVING A CONFLICT OF INTEREST ARE PROHIBITED FROM

PARTICIPATING IN THE GOVERNING BODIES' DELIBERATIONS AND DECISIONS RELATED

TO THE TRANSACTION. THE RETURNED STATEMENTS ARE RETAINED BY THE CORPORATE

COMPLIANCE/INTERNAL AUDIT DEPARTMENT.

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

THE COMPENSATION COMMITTEE TAKES THE FOLLOWING STEPS WITH AN

INDEPENDENT COMPENSATION CONSULTANT (1) REVIEWS DATA RELATED TO CURRENT

MARKET VALUES CONSISTENT FOR ORGANIZATION'S EXECUTIVES BY REVIEW OF

COMPENSATION LEVELS AND PLANS CONSISTENT WITH HOSPITALS AND HEALTH SYSTEMS

332212
99-04-13
Schedule O (Form 990 or 990-EZ) (2013)

INDEPENDENT ACCOUNTANT. THERE HAVE BEEN NO CHANGES IN THESE PROCESSES

SINCE THE PRIOR YEAR.

### 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.

OMB No. 1545-0047 2013 Open to Public Inspection

Name of the organization

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

EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

Employer identification number 22-2546078

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (e) (f) (b) (c) (a) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling entity of disregarded entity foreign country)

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal dornicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
EASTERN CONNECTICUT HEALTH NETWORK -							
22-2546079, 71 HAYNES STREET, MANCHESTER, CT	INTEGRATED HEALTH CARE			11C, TYPE			
06040	SYSTEM PARENT CO	CONNECTICUT	501(C)(3)	III	N/A		Х
MANCHESTER MEMORIAL HOSPTAL - 06-0646710							
71 HAYNES STREET							
MANCHESTER, CT 06040	HOSPITAL	CONNECTICUT	501(C)(3)	3	ECHN	X	
ROCKVILLE GENERAL HOSPITAL - 06-0653151			1				
31 UNION STREET	1					1	į.
ROCKVILLE, CT 06066	HOSPITAL	CONNECTICUT	501(C)(3)	3	ECHN	X	
ECHN COMMUNITY HEALTHCARE FOUNDATION, INC							
22-2546080, 71 HAYNES STREET, MANCHESTER, CT	1		1				
06040	FUNDRAISING/SUPPORT	CONNECTICUT	501(C)(3)	7	ECHN	X	

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

Schedule R (Form 990) 2013

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EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

22-2546078

Schedule R (Form 990) PROFESSIONALS FOUNDATION ,
Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
ECHN ELDERCARE SERVICES , INC 06-1149193							
26 SHENIPST LAKE ROAD	1				İ	1	
TOLLAND CT 06084	SKILLED NURSING FACILITY	CONNECTICUT	501(C)(3)	9	ECHN	x	
VISITING NURSE & HEALTH SERVICES OF CT. INC.						1	
- 06-0646795, 8 KEYNOTE DRIVE, VERNON, CT	1	ļ	ĺ				
06066	HOME HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	9	ECHN	х	
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## EASTERN CONNECTICUT MEDICAL

Schedule R (Form 990) 2013 PROFESSIONALS FOUNDATION, INC.

22-2546078

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	{g}	(	h)	(i)	(ii	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1 ' '	ortionale ations?	amount in box	mana partn	ar?
		country)		sections 512-514)			Yes	No		Yes	ło
	BILLING AND						1				
MEDICAL PRACTICE PARTNERS,	PRACTICE	1								1 1	
LLC ~ 27-1498877, P.O. BOX	MANAGEMENT						1			1 1	
3830, VERNON, CT 06066	SERVICES	CT	N/A	N/A	N/A	N/A	N/A	<u> </u>	N/A	N/V	N/A
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	_ (	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13)	
		country)		, , , , , , , , , , , , , , , , , , ,				Yes	No
ECHN ENTERPRISE, INC - 22-2546828									
71 HAYNES STREET									
MANCHESTER, CT 06040	REAL ESTATE HOLDING	CT	N/A	C CORP	N/A	N/A	N/A	Х	
HAYNES STREET PROPERTY MANAGEMENT, LLC -									
22-2546028, 71 HAYNES STREET, MANCHESTER, CT	REAL ESTATE PROPERTY						1		
06040 .	MANAGEMENT	CT	N/A	C CORP	N/A	N/A	N/A	Х	
ECHN CORPORATE SERVICES - 27-1596320	BILLING AND OTHER								
71 HAYNES STREET	PRACTICE MANAGEMENT	l							
MANCHESTER, CT 06040	SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
CONNECTICUT HEALTHCARE INSURANCE COMPANY -									
98-0623043, PO BOX 1109, GRAND CAYMAN,		CAYMAN							l
CAYMAN ISLANDS	CAPTIVE INSURANCE	ISLANDS	N/A	C CORP	N/A	N/A	N/A	Х	l
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1 1 10 100 100 100 100 100 100 100 100	}								ĺ

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## EASTERN CONNECTICUT MEDICAL Schedule R (Form 990) 2013 PROFESSIONALS FOUNDATION, INC.

q Reimbursement paid by related organization(s) for expenses

p Reimbursement paid to related organization(s) for expenses

Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

22-2546078

Page 3

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 1a 1b b Gift, grant, or capital contribution to related organization(s) X c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e 1f f Dividends from related organization(s) **1**g g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 1h 1i i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) 1j X k Lease of facilities, equipment, or other assets from related organization(s) 1k Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n Sharing of paid employees with related organization(s) 10

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction (c) Amount involved Method of determining amount involved type (a-s) (1) MANCHESTER MEMORIAL HOSPITAL 104,952.MARKET VALUE (2) MANCHESTER MEMORIAL HOSPITAL K 223,132.MARKET VALUE 65,532 MARKET VALUE (3) ROCKVILLE GENERAL HOSPITAL K (4) EASTERN CT HEALTH NETWORK, INC. K 74,595 MARKET VALUE 93,750.CASH TRANSFER (5) ECHN ELDERCARE SERVICES, INC. Q (6) MANCHESTER MEMORIAL HOSPITAL 4,937,674.CASH TRANSFER

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1p

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EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

22-2546078

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)ROCKVILLE GENERAL HOSPITAL	s	2,116,146.	CASH TRANSFER
(B)MEDICAL PRACTICE PARTNERS	М	1,688,776.	MARKET VALUE
(9)EASTERN CT HEALTH NETWORK, INC.	М	170,004.	CONTRACT
(10)			
(11)			
(12)			
(13)			
(14)		-	
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)	**		
(22)			
(23)			
(24)			

Schedule R (Form 990)

## EASTERN CONNECTICUT MEDICAL Schedule R (Form 990) 2013 PROFESSIONALS FOUNDATION, INC.

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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) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) oros.?	(f) Share of total	(g) Share of end-of-year	(h) Disproportionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
2. 29	,	country)	under section 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes NO	
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Schedule R (Form 990) 2013

# EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.

Schedule R (Form 990) 2013	PROFESSIONALS FOUNDAT	rion, inc.	22-2546078 Page 5
Part VII   Supplemental In	formation		
	rmation for responses to questions on Schedu	ula B (see instructions)	
PTOVIGE AUGILIONALITIE	anation for responses to questions on scriede	ne i i (see maddelons).	
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		VIII.	<del> </del>

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8968.  If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Enter filer's identifying number, see instructions.  Enter filer's identifying number, see instructions.  Exacts Connected the properties of the filer, see instructions.  Exacts Connected the properties of the filer of the properties of the filer of the properties of the filer of	Form 8868 (Rev.	1-2014)					Page 2
• If you are filling for an Automatic 3- Month Extension, complete only Part II (on page 1).    Part III   Additional (Not Automatic) 3- Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3- Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3- Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3- Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3- Month Extension or Other Sets, see instructions.    Part III	-						<u> </u>
Part II					iled Form 8	1868.	
Enter filer's identifying number, see instructions   Employer identification number (Rif) or print   PROFESSIONALS FOUNDATION, INC.   22-2546078					.al /aa aa	-:	
Type or RASTERN CONNECTICUT MEDICAL  ROFESSIONALS FOUNDATION, INC.  22-2546078  ROFESSIONALS FOUNDATION, INC.  Number, steet, and room or suite no. if a P.O. box, see instructions.  Number, steet, and room or suite no. if a P.O. box, see instructions.  Rocal security number (SSN)  PROFESSIONALS FOUNDATION, INC.  Number, steet, and room or suite no. if a P.O. box, see instructions.  Rocal security number (SSN)  Professional Security for the return that this application is for (file a separate application for each return)  Return Application  Return Re	Part II A	additional (Not Automatic) 3-Month E	xtensio				
EASTERN CONNECTICUT MEDICAL PROPESSIONALS FOUNDATION, INC.  22-2546078  Number, street, and room or suite no. If a P.O. box, see instructions.  IN Lamber, street, and room or suite no. If a P.O. box, see instructions.  IN Lamber, street, and room or suite no. If a P.O. box, see instructions.  IN Lamber, street, and room or suite no. If a P.O. box, see instructions.  MANCHESTER, CT 06040  Enter the Return code for the return that this application is for (like a separate application for each return)    Page				Enter filer's	T		
PROFESSIONALS FOUNDATION , INC.   22-2546078	· · · · · · · · · · · · · · · · · · ·		ictions.		Employer	identification num	iber (EIN) or
Number, street, and room or suite no. If a P.O. box, see instructions.	mn Oi		٦.			22-25460	78
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Form 990-PF Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8968.  NTCHOLAS JAMIESON  The books are in the care of ▶ 32.0 MAIN STREET - MANCHESTER, CT 06040  Telephone No. ▶ 860-646-1222  Fax No. ▶  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ▶ In request an additional 3-month extension of time until AUGUST 15, 2015  For calendar year or other tax year beginning OCT 1, 2013 and ending SEP 30, 2014  If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN, AND TO ALLOW ADEQUATE TIME FOR THE BOARD TO REVIEW PRIOR TO FILLING.  Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any previously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions.  Signature ▶ Title ▶ CPA  Date  Title ▶ CPA  Date		iduah	-				_
Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  Form 990-T (trust other than above)  O6 Form 870  TOPIDo not complete Part III if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  NTCHOLAS JAMIESON  The books are in the care of ▶ 320 MAIN STREET → MANCHESTER, CT 06040  Telephone No. ▶ 360 − 646 − 1222  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  AUGUST 15, 2015  For calendar year  Oct 1, 2013  Aud ending SEP 30, 2014  If the tax year entered in line 5 is for less than 12 months, check reason:  Change in accounting period  State in detail why you need the extension  ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE TAX  RETURN, AND TO ALLOW ADEQUATE TIME FOR THE BOARD TO REVIEW PRIOR TO  FILITING.  Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Ba \$ 0.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare th		iouaj		1			
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The books are in the care of ▶ 320 MAIN STREET - MANCHESTER, CT 06040  Telephone No. ▶ 860-646-1222 Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box ▶  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶  If it is for part of the group, check this box ▶  In it is for part of the group, check this box ▶  AUGUST 15, 2015  For calendar year, or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014  If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  Tate to detail why you need the extension ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN, AND TO ALLOW ADEQUATE TIME FOR THE BOARD TO REVIEW PRIOR TO FILING.  Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			l an autor	natic 3-month extension on a prev	riously filed	d Form 8868.	
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If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If the tan additional 3-month extension of time until and additional 3-month extension of time until AUGUST 15, 2015  If the tan year entered in line 5 is for less than 12 months, check reason: Initial return Final return Final return Final return Final return Final return Final return Final return ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN, AND TO ALLOW ADEQUATE TIME FOR THE BOARD TO REVIEW PRIOR TO FILING .  Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ \$ 0 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$ 0 Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 8c \$ 0 Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Final return Final return BAUGUST TAX BAUGUST TAX BAUGUST TAX BAUGUST TAX BAUGUST TAX			r – M	ANCHESTER, CT 0604	0		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box	Telephone No	a ≥ 860-646-1222		Fax No. ➤			
If it is for part of the group, check this box   and attach a list with the names and EINs of all members the extension is for.  4							
4 I request an additional 3-month extension of time until 5 For calendar year, or other tax year beginning		. [	7				
For calendar year, or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014  If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Final return Change in accounting period					f all membe	ers the extension i	s for.
If the tax year entered in line 5 is for less than 12 months, check reason:					C E D	20 2014	
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