

<u>Mission:</u> To provide professional medical services and other health care services to individuals in the areas and communities served by Community Medical Partners, Inc. (CMP), including patients of The William W. Backus Hospital.

<u>Services Provided:</u> Despite being incorporated, CMP has been inactive, not providing any medical or health services. At present, we are evaluating the possible dissolution of CMP.

<u>Form 990 – Return of Organization Exempt from Income Tax:</u> Form 990-EZ for the fiscal year ended September 30, 2013 (most recent available) follows.

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 49(7(a)(1) of the Internal Revenue Code (except blick lung benefit trust or private foundation) Sponsoring organizations of other advised binds, organizations that operate one or more incognizational intellities, and certain controlling organizations ea defined in section 512(b)(13) must file form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pend of the year may use this form 100 and 10

0.0000	eis sumin	▶ The organization may have to use a copy of this return to satisfy state reporting requi		mapacaga
)13
B C	heck if ppicab	C Name of organization) Employer ide	ntification number
	Addi	esa change		
	Name	s change COMMUNITY MEDICAL PARTNERS INC	45-35	
		Total St.	Telephone nu	23.
	Torm		860-81	39-8331
	Amer	return City or town, state or country, and ZIP + 4	Group Exemp	tion
	Apolic	Strin pending NORWICH, CT 06360	Number 🔛	
G A	ccour	nting Method: Cash X Accrual Other (specify)	H Check 🕨 🖸	Cif the organization is not
1 1	Vensi	e: N/A	required to at	tach Schedule B
J 7	ax-ex	empt status (check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	(Form 990, 9	90-EZ, or 990-PF).
***		If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gro		
		0. A Form 990-EZ or Form 990 return is not required though Form 990-M (e-postcard) may be required (see instruction		1 1
		n, be sure to file a complete return.	•	
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or ditotal assets (Part II		
		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		0.
	rt l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions for Part I	
تستا		Check if the organization used Schedule 0 to respond to any question in this Part I	`	
	Ιī	Contributions, gifts, grants, and similar amounts received		0.
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments	·	*
	4	Investment income		- 34
	1 '	Gross amount from sale of assets other than inventory 5a	7	1
		Less; cost or other basis and sales expenses 55		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	ı		5c	
	6	Gaming and fundraising events		
<u> </u>	a	Gross income from gaming (attach Schedule G if greater than		
Revenus	١.	\$15,000)	i	## ## ##
8	В	Gross income from fundraising events (not including \$ of contributions.		Š
		from fundraising events reported on line 1) (attach Schedule Gill the sum of such		
		gross income and contributions exceeds \$15,000) 6b		- Francisco
	C	The state of the s		
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(A) [6] [8]
		Gross sales of inventory, less returns and allowances 7a		Wednesday (Sec.)
	b	Less; cost of goods sold 76		
	1	Gross profit or (loss) from sales of inventory (Subtract line 76 from line 7a)		
	8	Other revenue (describe in Schedule O)		*
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	0.
	10	Grants and similar amounts paid (list in Schedule 0)	10	. 4
	11	Benefits paid to or for members	11	<u> </u>
6 0	12	Salaries, other compensation, and employee benefits'	12	-
S.C.	13	Professional fees and other payments to independent contractors		
Expens	14	Occupancy, rent, utilities, and maintenance	14	<u> </u>
ш	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule 0)	16	ŝ
	17	Total expenses, Add lines 10 through 16		∯ 0.
ξA	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0.
set	19.	Net assets or fund balances at beginning of year (from line 27, column (A))	1 1	
Ą	'	(must agree with end-of-year figure reported on prior year's return)	19	0.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	-	0.
<i></i>	21	Net assets or fund balances at end of year. Combine lines 18 through 20	≥ 21	į O.
LHA	4 Fo	r Paperwork Reduction Act Notice, see the separate instructions:		Form 990-EZ (2012)

Form 990-EZ Department of the Treasury

Dest III Delomes Charte (the fact of Co. III)	-		<u>45-35637</u>	38 Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to re	spond to any questi		43.5	
anni bi ti zi ili ili ili ili ili ili ili ili ili		(A) Beginning of year		nd of year
22 Cash, savings, and investments			22	4
23. Land and buildings			23	j. 19
24 Other assets (describe in Schedule 0)			24	
25 Total assets	dianger et menneden.	0		0.
26 Total liabilities (describe in Schedule 0)		0		0.
27 Net assets or fund balances (line 27 of column (8) mustagree with line 21)	0	. 27	0.
Part III Statement of Program Service Accomplishments Check if the organization used Schedule O to rewith the organization's primary exempt purpose? N/A Describe the organization's program service accomplishments for each of its three largest program namer, describe the services provided, the number of parame benefited, and other relevant info	spond to any questi	on in this Part III	X (Required 50 1(c)(3) organizatio	penses for section and 501(c)(4) ons and section) trusts; eptional)
28 N/A				
			-	*
			-	
(Grants \$ 0 •) If this amount includes foreign	grants check here	>	28a	0.
29 N/A	grazitor di controllo di controllo			
the state of the section of the sect			-	
(Grants \$ 0 •) If this amount includes foreign	propte chaelchere	.	29a	0.
30 N/A	grants, check here		258	a U.
SU M/A				Ť.
	 			minima mi
				1
(Grants \$ 0 •) If this amount includes foreign	grants, check here	·····	30a	0.
31 Other program services (describe in Schedule O) SEE SCH				100
(Grants \$) If this amount includes foreign	grants, check here	<u></u>	31a	
32 Total program service expenses (add lines 28a through 31a)	<u> </u>	**********************	., ▶ 32	0.
Part IV List of Officers, Directors, Trustees, and Key	1		see the instructions f	or Part (V)
Check if the organization used Schedule O to re			******* *******************************	
	(b) Average hours	(C) Reportable compensation (Forms	(0) Health benefits, contributions to	(e) Estimated
(a) Name and title	per week devoted to			
	nosition	W-2/1099-MISC)	employee benefit	amount of other
	position	W-2/1/00-MISS		
JAMES WATKINS	1	W-2/1099-MISC) (if not paid, enter-0-)	employee benefit plans, and deferred compensation	amount of other compensation
DIRECTOR	position 1 0 . 0 0	W-2/1099-MISC)	employee benefit plans, and delerred	amount of other compensation
DIRECTOR PETER SHEA MD	0.00	W-2/1099-MiSC) (if not paid, enter-0-)	employee banefit plans, and deferred compensation	amount of other compensation
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN	1	W-2/1099-MISC) (if not paid, enter-0-)	employee benefit plans, and deferred compensation	amount of other compensation
DIRECTOR PETER SHEA MD	0.00	W-2/1099-MiSC) (if not paid, enter-0-)	employee banefit plans, and deferred compensation	amount of other compensation 0.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN	0.00	W-2/1099-MiSC) (if not paid, enter-0-)	employee banefit plans, and deferred compensation	amount of other compensation
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD	0.00	W-2/1099-MISC) (if not paid, enter-0-)	employee banefit plans, and defend compensation 0.	amount of other compensation 0.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD	0.00	W-2/1099-MISC) (if not paid, enter-0-)	employee banefit plans, and defend compensation 0.	amount of other compensation 0. 0.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR	0.00	W-2/1089-MiSC) (if not paid, enter-0-) 0.	employee barefit plans, and deferred compensation O. O.	amount of other compensation 0. 0.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR	0.00	W-2/1089-MiSC) (if not paid, enter-0-) 0.	employee barefit plans, and deferred compensation O. O.	amount of other compensation O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER	0.00	0 . 0 . 0 .	emptoyee barefit plans, and deferred compensation 0. 0. 0.	amount of other compensation 0. 0.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE	0.00	0 . 0 . 0 .	emptoyee barefit plans, and deferred compensation 0. 0. 0.	amount of other compensation O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN	0.00	0. 0. 0.	employee baselit plans, and deferred compensation O. O. O.	amount of other compensation O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD	0.00	0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O.	amount of other compensation O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR	0.00	0. 0. 0.	employee baselit plans, and deferred compensation O. O. O.	amount of other compensation O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O. O.	amount of other compensation O. O. O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR	0.00	0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O.	amount of other compensation O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O. O.	amount of other compensation O. O. O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O. O.	amount of other compensation O. O. O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O. O.	amount of other compensation O. O. O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O. O.	amount of other compensation O. O. O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O. O.	amount of other compensation O. O. O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O. O.	amount of other compensation O. O. O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee baselit plans, and deferred compensation O. O. O. O.	amount of other compensation O. O. O. O. O. O.
DIRECTOR PETER SHEA MD DIRECTOR/VICE CHAIRMAN HARJINDER CHOWDHARY MD DIRECTOR KATICK VISWANATHAN MD DIRECTOR DANIEL E LOHR DIRECTOR/SECRETARY/TREASURER ANTHONY JOYCE DIRECTOR/CHAIRMAN ROBERT SIDMAN MD DIRECTOR SERGIO CASILLAS-ROMERO	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.	emptoyee barefit plans, and deferred compensation O. O. O. O. O. O.	amount of other compensation O. O. O. O. O. O.

Form	990-EZ (2012) COMMUNITY MEDICAL PARTNERS INC			35637		∦F	age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract	t stat	ement require	ments i	n the	9 19	
`	instructions for Part V) Check if the organization used Sch. O to respo	nd to	any question i	in this F	Part '		X
						Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a d	etailed (description of each	Γ		di mu	
	activity in Schedule 0				33	organical and a	X.
34	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	copy of	the amended			194	
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O				34	444	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	activitie	es (such as those re	ported			
	on lines 2, 6a, and 7a, among others)?				35a	10	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sc	hedule (0		35b	N/	A
·c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) no	tice, rep	orting, and proxy ta	x			
	requirements during the year? If "Yes," complete Schedule C, Part III				35c	300	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du	iring the	year? If "Yes,"			T. Steingham	
	complete applicable parts of Schedule N		*********		35	1	<u>X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions			0.		A CONTRACTOR	
b	Did the organization file Form 1120-POL for this year?		edipotes manda national continues and		37b	946	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer	re any s	uch loans made	-		i i	
	in a prior year and still outstanding at the end of the tax year covered by this return?			L	38a	The state of the s	X
b	If Yes, complete Schedule L, Part II and enter the total amount involved	385	N/A			crore	
39	Section 501(c)(7) organizations. Enter:		_				
a	Initiation fees and capital contributions included on line 9	39a	N/A				
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A			A September 1	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					Power from Manney Standard Control	
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955			<u>0.</u>		2,000	
b	Section 501(c)(3) and 50 1(c)(4) organizations. Did the organization engage in any section 4958 excess benefits					WWW	
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its					assets.	
	If "Yes," complete Schedule L, Part I		. ****** *************		40b	4.	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers				i		
	or disqualified persons during the year under sections 4912, 4955, and 4958		·	0.		Make	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			_		and feet	
	organization	,, Þ	<u> </u>	<u>0.</u>		(A. A.)	
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					224	
	transaction? If 'Yes," complete Form 8886-T		المعادية والمسارع بالمادي والمواجعة		40e	(date)	Х
41	List the states with which a copy of this return is filed NONE			6 66	5. A	1	
42 a	The organization's books are in care of DANIEL E LOHR	Tel	ephone no. ➤ <u>8</u> 6				
	Located at > 326 WASHINGTON STREET, NORWICH, CT		ZIP +	4 ▶ 0	036	U	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	•			,		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			г		Yes	
	account)?	فيدد فالإخوا	e e garante e e e e e e e e e e e e e e e e e e		425	18	Х
	If Yes, enter the name of the foreign country:					derk in store	
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank					SHEWAY.	72
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	*******	measures lengths partenance	o distribution	42c	6.	X
	If 'Yes,' enter the name of the foreign country:					5B	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 - Check here				N/A	··· 🖺	
	and enter the amount of tax-exempt interest received or accrued during the tax year	, in 14.45, in 1	43		X / X2	18	
						V-1-	No
	or tot	ed (motor	n if sif	r		Yes	No
44.8	Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be complete				44.	West of the second	X
	Form 990-EZ	romania Matakia	nimumijum, merenge er: intered		442		_A
b	Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be compared to the compare			1	44b	-Aleksanses	X.
	of Form 990-EZ	*******	eblej ja i ne-slibbist bushin beek	(min #11:1		de de la companya de	X
	Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an ex-			····	44c		A
đ					44d		
2r	in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	*******	e Villa (more) a mentre altre en groß two trops de	.,,	458		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			or operations of	746		**
450	. Did the organization receive any payment from or engage in any transaction with a controlled entity within the 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see Inst.				AEK		Х
	312(B)(13) (11 185, FORM 330 Strigonia it may need to be complaine instead of Form 330-EZ [see inst	ocuons	<i>J </i>		45b	90-EZ	·
2321	73			F	OLDE &	*n-Et	EU IC

FORM 99U-EZ (Z	A15) COWMONTAX	MEDICAL PARTNE	KR INC			45-3563		Page 4
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	ganization engage, directly or indir						40	х
Part VI	omplete Schedule C, Part I Section 501(c)(3) organi	zatione anti			**************************************		46	# A.
	NI section 501(c)(3) organization		7.40b and 50	and comple	in the tables for to	a ED and Ed		- Maria
	Check if the organization used							П
							Yes	ol No
7 Did the or	ganization ongage in lobbying activ	ities or have a section 501(h) el	ection in effect d	uring the tax :	year? If Yes," complet	e Sch. C, Part II	47	X
8 Is the org	anization a school as described in :	ection 170(b)(1)(A)(ii)? Il "Yes,	complete Sche	fule E			48	X
9 Did the or	gantration make any transfers to a	exempt non-charitable related	organization?				482	X
b li Yes, w	as the related organization a sectio	n 527 organization?			******************		49b	
0 Complete	this table for the organization's fiv	highest compensated employe	s (other than of	licars, drecto	irs, irustees and key ei	nployees) who ea	ch received	more
than \$100	,000 of compensation from the or		,,					1
	(a) Name and title of each paid more than \$100	employee .000:		aga hours devoted to	(C) Reportable compensation (Forms	(d) Health benefits contributions to employee benefit	L (e)Esti amount (
	#==# 15:00 may 0 100	NONE		dion	W-2/1099-MISC)	plans, and deferred compensation	compen	
		NONE				componsation		
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	<u></u>							
····								ž.
f Total num	ber of other employees paid over	\$100,000		>			1.0	Į.
	this table for the organization's fiv		ient contractors	who each rec	eived more Ilian \$100	,000 of compens	illion from t	he
	on. If there is none, enter "None."	NONE						<u> </u>
(A) Name and	address of each independent con	ractor paid more than \$100,000	<u> </u>	(a) 19ps	of service	(c) (Compensati	on.
						i i	1	
					:			
						i e		
	MANUATTA .		***************************************					
							3	
						<u> </u>		
	iber of other independent contract						***	
2 Did the or	ganization complete Schedulo A?	vote: All section 501(c)(3) organ	rizations and 49	(7(a)(1) none	xempt			
charitable	trusts must attach a completed Structury, rescuse on the complete Structure of the complete stru	hedula A	POCINCE INTO STATES	ens, and to the	Desi or niy kindwideed in	U BOOK IN IN PUR. CO	ALIYes ∣	No.
eclaration of pro		Commission of which prosessor the any	Jourselps.		*	1 2/1 -	7	1
Sign 🌗	Signature of officer	-2-00	<u> </u>			1 Data 8 / 3	118	
iere	DANIEL E LOHR,		a cimpara			•		
D	TANTED D DORK	DECREIARI/IRE	MUNDER	.,			3	
	Print/Type preparer's name	Preparer's signator	TÉ	Date	Check	i Pin		
aid	làa de la	MADRA	-	1 .	self- empl	oyed	200	,
Preparer	Mills Engly	1/4/2 2/1		811	2/14 sem emp	P00	48283	4
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May the IRS di	scuss this return with the preparer			14,+271.0-1-7824+01	***************************************	» L	X Yes	No
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							Form 990-1	Z (2012)
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SCHEDULE A (Form 990 or 990-EZ)

internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

Name of the organization Employer Identification number COMMUNITY MEDICAL PARTNERS INC 45-3563738 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 L 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 [X] An organization that normally receives; (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 5 1 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III · Functionally integrated d ___ Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IFIS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(iii) Provide the following information about the supported organization(s). (III) Type of organization (IV) Is the organization (V) Did you notify the (vii) Amount of monetary (II) EIN (i) Name of supported organization in col. (i) organized in the U.S.? in cot (i) listed in your organization in col. (described on lines 1-9 support organization governing document? (I) of your support? above or IRC section (see instructions)) Yes Yas Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

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LHA For Paperwork Reduction Act Notice, see the instructions for

2012.05090 COMMUNITY MEDICAL PARTNERS

BACKUSC1

	(Complete only if you checke falls to qualify under the test:			· ·	on failed to qualify	under Part III, if the	e organizat i on		
Car	tion A. Public Support	Trained Bolott, past	ou complete a con-	erry.					
		1 11			T Market	1	T = X		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and		ų.			ĺ			
	membership fees received. (Do not		ļ						
_	include any "unusual grants.")	<u> </u>				ļ	1		
2	Tax revenues levied for the organ-	-							
	ization's benefit and either paid to		200						
_	or expended on its behalf						<u></u>		
3	The value of services or facilities		day.						
	furnished by a governmental unit to								
	the organization without charge	<u></u>					ļ		
	Total. Add lines 1 through 3				<u> </u>				
5	The portion of total contributions				Name of the last o		# .		
	by each person (other than a		o-decrease a file				340		
	governmental unit or publicly	ļ							
	supported organization) included		44		Para de la companya d				
	on line 1 that exceeds 2% of the		u de la companya de l	and the second s					
	amount shown on line 11,		aww.	-			1		
	column (f)								
6	Public support. Subtract line 5 from line 4.	<u> </u>	<u> </u>						
Se	ction B. Total Support			<u> </u>					
Cale	ndar year (or fiscal year beginning in) 🕪	(a) 2008	(b) 2009	(c) 2010	(d) 201 1	(e) 2012	(f) Total		
7	Amounts from line 4		j		1				
8	Gross income from interest,								
	dividends, payments received on				Ì				
	securities loans, rents, royalties		·				l i		
	and income from similar sources						i i		
9	Net income from unrelated business								
	activities, whether or not the		S. Principal Control of Control o	ĺ					
	business is regularly carried on						į.		
10	Other income. Do not include gain								
	or loss from the sale of capital	1	ii daa		***************************************				
	assets (Explain In Part IV.)								
11	Total support. Add lines 7 through 10		Ì						
12	Gross receipts from related activities	atc isee instructi	ons)		<u>.</u>	12			
13	First five years. If the Form 990 is fo			d fourth or fifth t		<u> </u>			
	organization, check this box and sto		. 1						
Se	ction C. Computation of Pub	ic Support Pe	rcentage !				4		
_	Public support percentage for 2012 (column (fi)		14	¥ 9		
	Public support percentage from 201.						9		
	33 1/3% support test - 2012. If the								
.00	stop here. The organization qualifies		4				£60 Emman		
¥.	33 1/3% support test - 2011. If the								
	and stop here. The organization qua								
47-	and stop nere. the diganization qual 10% -facts-and-circumstances tes	auco do a publiciy. st.: 2612: If the oir	supported digitality	check a hov on lin	e 13 16s or 16h	and line 14 ie 1044	or more		
1/8									
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
ŧ									
	more, and if the organization meets t								
	organization meets the 'facts and cir								
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 165, 17a, or 17			1199		
					Sch	edule A (Form 990	ง or 990-EZ) 2012		

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 quality under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fincal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5

c Add lines 7a and 7b B Public support (Subtractine Ichomines) 0. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties

and income from similar sources h Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts iscluded on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage 00 % 15 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f) 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f) 17 %

18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization......

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

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X

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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 Employer Identification number COMMUNITY MEDICAL PARTNERS INC 45-3563738 FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS: N/A EXPENSES \$ 0. GRANTS \$ 0. N/A GRANTS \$ 0. EXPENSES \$ 0. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Huber, Jack

From:

Lohr, Dan < Dan.Lohr@hhchealth.org >

Sent:

Tuesday, December 30, 2014 4:40 PM

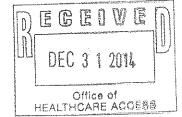
To: Cc: Huber, Jack Ouellette, Kathe

Subject:

Community Medical Partners Annual Report

Attachments:

CMP_AR Filing.pdf



Mr. Huber,

Attached is the requested information. CMP qualifies for a limited IRS filing due to its inactivity. Should you have any questions, please contact me either by email at <u>Dan.Lohr@hhchealth.org</u> or by telephone at 860-823-6360.

Regards,

Dan Lohr

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