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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CORE PHYSICIANS LLC		D Employer identification number 87-0807914	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 5 ALUMNI DRIVE		Room/suite	
	City or town, state or country, and ZIP + 4 EXETER, NH 03833			
	F Name and address of principal officer DEBRA CRESTA 5 ALUMNI DRIVE EXETER, NH 03833		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		H(c) Group exemption number ▶
J Website: ▶ WWW.COREPHYSICIANS.ORG				

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ LIMITED LIABILITY CORPORATION	L Year of formation 2007	M State of legal domicile NH
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Part I	Summary
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Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE MISSION OF CORE PHYSICIANS IS TO IMPROVE THE HEALTH OF THE COMMUNITY. THIS MISSION IS PRINCIPALLY ACCOMPLISHED THROUGH THE PROVISION OF HEALTH SERVICES AND INFORMATION TO THE COMMUNITY. AS A MULTI-SPECIALTY GROUP PRACTICE, CORE PHYSICIANS PROVIDES COMMUNITY ACCESS TO PRIMARY CARE PHYSICIANS, SPECIALTY PHYSICIAN SERVICES, ADULT AND PEDIATRIC DENTAL SERVICES, OFFICE BASED LABORATORY SERVICE, AS WELL CONTRACTED PHYSICIANS TO SUPPORT EXETER HOSPITAL'S 24/7 INTENSIVEST COVERAGE PROGRAM IN ITS ICU, AND INPATIENT HOSPITALIST PROGRAM. CORE PHYSICIANS SUPPORTS ACCESS TO ITS PHYSICIANS AND MEDICAL SERVICES THROUGH A ROBUST FINANCIAL ASSISTANCE PROGRAM THAT UNDERWRITES UP TO 100% OF THE COST OF MEDICAL CARE PROVIDED BY ITS PHYSICIANS BASED ON FAMILY SIZE AND INCOME FOR RESIDENTS OF THE SERVICE AREA.		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	594
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	46,764
b	Net unrelated business taxable income from Form 990-T, line 34	7b	21,090	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,395,352	59,122,869
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,966	1,626
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,310,212	5,895,807
			58,708,530	65,020,302
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	52,414,885	57,743,388
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,816,206	19,327,414
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	71,231,091	77,070,802
	19	Revenue less expenses. Subtract line 18 from line 12	-12,522,561	-12,050,500
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	12,152,030	12,427,990
21		Total liabilities (Part X, line 26)	7,834,770	8,420,348
22		Net assets or fund balances. Subtract line 21 from line 20	4,317,260	4,007,642

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

Sign Here	***** Signature of officer	2012-05-09 Date			
	OFFICER, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL A BARBARITA CPA	Preparer's signature MICHAEL A BARBARITA CPA	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ WILLIAM STEELE & ASSOCIATES PC				Firm's EIN ▶
	Firm's address ▶ 40 STARK STREET MANCHESTER, NH 03101				Phone no ▶ (603) 622-8881

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

THE MISSION OF CORE PHYSICIANS IS TO IMPROVE THE HEALTH OF THE COMMUNITY THIS MISSION IS PRINCIPALLY ACCOMPLISHED THROUGH THE PROVISION OF HEALTH SERVICES AND INFORMATION TO THE COMMUNITY AS A MULTI-SPECIALTY GROUP PRACTICE, CORE PHYSICIANS PROVIDES COMMUNITY ACCESS TO PRIMARY CARE PHYSICIANS, SPECIALTY PHYSICIAN SERVICES, ADULT AND PEDIATRIC DENTAL SERVICES, OFFICE BASED LABORATORY SERVICE, AS WELL CONTRACTED PHYSICIANS TO SUPPORT EXETER HOSPITAL'S 24/7 INTENSIVEST COVERAGE PROGRAM IN ITS ICU, AND INPATIENT HOSPITALIST PROGRAM CORE PHYSICIANS SUPPORTS ACCESS TO ITS PHYSICIANS AND MEDICAL SERVICES THROUGH A ROBUST FINANCIAL ASSISTANCE PROGRAM THAT UNDERWRITES UP TO 100% OF THE COST OF MEDICAL CARE PROVIDED BY ITS PHYSICIANS BASED ON FAMILY SIZE AND INCOME FOR RESIDENTS OF THE SERVICE AREA

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 65,207,666 including grants of \$) (Revenue \$ 64,971,912)

CORE PHYSICIANS PROVIDES ACCESS TO PRIMARY CARE SERVICES TO MORE THAN 50,000 SEACOAST AREA RESIDENTS OF ALL AGES AND ALL DEMOGRAPHIC AND SOCIO-ECONOMIC BACKGROUNDS REGARDLESS OF THEIR ABILITY TO PAY CORE PHYSICIANS HAS OVER 59 PRIMARY CARE PHYSICIANS LOCATED IN 15 LOCATIONS ACROSS THE SEACOAST IN 2011 CORE PHYSICIANS SUPPORTED ITS MISSION BY SUPPORTING \$6,966,405 IN COMMUNITY OUTREACH, BENEFITS AND FINANCIAL SUPPORT TO THE COMMUNITY EXCLUDING \$12,228,186 IN UNCOVERED MEDICARE EXPENSES PHYSICIANS PRIMARY CARE SERVICES ARE BROKEN DOWN INTO THREE SPECIALTIES INCLUDING PEDIATRICS, FAMILY PRACTICE AND INTERNAL MEDICINE CORE PHYSICIANS PEDIATRIC PRACTICE HAS RECEIVED NATIONAL RECOGNITION FOR ITS PIONEERING WORK IN THE DEVELOPMENT OF THE PATIENT CENTERED MEDICAL HOME MODEL CORE PHYSICIANS PEDIATRICIANS ALSO SUPPORT THE REGION'S ONLY FORMALIZED MEDICAL EVALUATION SERVICE FOR VICTIMS OF CHILD ABUSE CORE PHYSICIANS PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS WHO ARE UNABLE TO PAY FOR ALL OR PART OF THE COST OF THEIR MEDICAL CARE CORE PHYSICIANS FINANCIAL ASSISTANCE PROGRAM IS AVAILABLE TO ALL INDIVIDUALS WHO MEET THE FINANCIAL ELIGIBILITY REQUIREMENTS AND WHO LIVE WITHIN CORE PHYSICIANS' SPECIFIED SERVICE AREA FOR MEDICALLY NECESSARY SERVICES CORE PHYSICIANS' FINANCIAL ASSISTANCE PROGRAM IS ALSO PROMOTED IN THE COMMUNITY THROUGH ITS LONG TERM AFFILIATION WITH SEACARE, AN INDEPENDENT, COMMUNITY NOT-FOR PROFIT THAT IS COMMITTED TO CREATING ACCESS TO MEDICAL AND SOCIAL SUPPORT SERVICES FOR RESIDENTS WHO NEED THE SUPPORT

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

IN ORDER TO SUPPORT THE MORE COMPLEX MEDICAL NEEDS OF OUR PRIMARY CARE PATIENTS AND THOSE OF UNAFFILIATED PATIENTS FROM ACROSS OUR SERVICE AREA, CORE PHYSICIANS PROVIDES A FULL RANGE OF MEDICAL AND SURGICAL SPECIALTIES OUR AREAS OF SPECIALIZATION INCLUDE DIABETES, WOMEN'S HEALTH, COLORECTAL SURGERY, PLASTIC SURGERY, GENERAL SURGERY, VASCULAR SURGERY, NEUROLOGY, ORTHOPEDIC SURGERY, PHYSIATRY, RHEUMATOLOGY, UROLOGY, MEDICAL AND INVASIVE CARDIOLOGY, PULMONOLOGY AND SLEEP MEDICINE OUR SPECIALTY SERVICES CONTINUE TO EXPAND IN ORDER TO REFLECT THE CHANGING AND GROWING HEALTHCARE NEEDS OF OUR COMMUNITY CORE PHYSICIAN SPECIALISTS ARE BOARD CERTIFIED CORE PHYSICIANS FINANCIAL ASSISTANCE PROGRAM ALSO EXTENDS TO COVER MEDICALLY NECESSARY SPECIALIST PROFESSIONAL SERVICES FOR INDIVIDUALS WHO MEET OUR ELIGIBILITY REQUIREMENTS

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

THE DENTAL PROGRAM WHICH IS PART OF CORE PHYSICIANS WAS ORIGINALLY INITIATED AS A SEPARATE AFFILIATED ENTITY IN RESPONSE TO A DOCUMENTED GAP IN THE COMMUNITY RELATED TO THE AVAILABILITY OF DENTAL SERVICES FOR CHILDREN AND ADULTS EITHER WITHOUT INSURANCE OR ON MEDICAID THE DENTAL PROGRAM IS ONE OF SEVERAL MISSION BASED SPECIALTY MEDICAL SERVICES CORE PHYSICIANS PROVIDES IN THE GREATER SEACOAST COMMUNITY CORE PHYSICIANS HAS FOUR DENTISTS AND FIVE DENTAL HYGIENISTS WHO PROVIDE DENTAL CARE TO PATIENTS IN ADDITION TO OPERATING A VERY ACTIVE PEDIATRIC PRACTICE CORE PHYSICIANS ALSO OPERATES A MOBILE DENTAL VAN THAT PARTNERS WITH THE SCHOOL SYSTEMS TO PROVIDE ON-SITE PEDIATRIC DENTAL EVALUATIONS AND CARE THIS HAS BEEN A HIGHLY SUCCESSFUL PROGRAM THAT HAS HAD A DOCUMENTED IMPACT ON THE AVAILABILITY OF DENTAL SERVICES TO CHILDREN IN THE NEW HAMPSHIRE SEACOAST AREA REGARDLESS OF THEIR ABILITY TO PAY

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 65,207,666

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, 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	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
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, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	91
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	594
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
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	No
b	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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	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	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 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.			
a	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			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.	13a	
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question 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	1a	9	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ NH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ KEVIN J O'LEARY 5 ALUMNI DRIVE EXETER, NH 03833 (603) 580-6695

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBRA CRESTA CEO/PRESIDENT (SYSTEM MGR)	40.00	X		X				0	312,760	37,916
(2) MICHAEL PANGAN MD CHAIRMAN (CLINICAL MGR)	40.00	X		X				239,022	0	35,388
(3) KEVIN J O'LEARY TREASURER (SYSTEM MGR)	1.00	X		X				0	407,282	100,431
(4) KEVIN J CALLAHAN (SYSTEM MANAGER)	1.00	X						0	763,615	196,848
(5) TARANEH AZAR MD (CLINICAL MANAGER)	40.00	X				X		625,209	0	28,442
(6) NICHOLAS GARCIA MD (CLINICAL MANAGER)	40.00	X						445,758	0	28,553
(7) RICHARD HOLLISTER MD (CLINICAL MANAGER)	40.00	X						416,810	0	29,678
(8) MARTIN PRUSS MD (CLINICAL MANAGER)	40.00	X						173,619	0	27,376
(9) ALEXANDRA BONESHO MD (CLINICAL MANAGER)	40.00	X						186,754	0	27,593
(10) PETER IHM (CLINICAL MANAGER)	40.00	X						578,394	0	33,529
(11) ALLISON CASASSA ASSISTANT TREASURER	1.00			X				0	146,478	14,661
(12) CONSTANCE SPRAUER SECRETARY	1.00			X				0	294,345	32,331
(13) THOMAS MCGOVERN PHYSICIAN	40.00					X		649,219	0	29,829
(14) ROGER NOWAK PHYSICIAN	40.00					X		585,741	0	22,773
(15) KIMBERLY MARBLE PHYSICIAN	40.00					X		786,632	0	37,829
(16) AARON COLMAN MD PHYSICIAN	40.00					X		497,341	0	28,499

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JAMES GLENNON MD EX-OFFICIO (CLINICAL MGR)							X	237,511	0	25,973
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,422,010	1,924,480	737,649

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶108

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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		
(A) Name and business address	(B) Description of services	(C) Compensation
EXETER HOSPITAL 5 ALUMNI DRIVE EXETER, NH 03833	SUPPORT SERVICES	1,261,012
EXETER HEALTH RESOURCES 5 ALUMNI DRIVE EXETER, NH 03833	ADMINISTRATIVE MANAGEMENT SERVICES	870,736
NEXTGEN HEALTHCARE 18111 VON KARMAN AVE IRVINE, CA 92612	BILLING SOFTWARE & SUPPORT	745,636
PHYTEL INC 11511 LUNA ROAD DALLAS, TX 75234	APPT REMINDERS	160,139
MEDICAL CALL CENTER PO BOX 635013 CINCINNATI, OH 45263	AFTER HOURS CALL CENTER	141,070
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶8		

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
	Program Service Revenue	Business Code				
2a NET PATIENT SERVICE RE 621110		59,122,869	59,122,869			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		59,122,869				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		1,626		1,626
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	(i) Real (ii) Personal					
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	(i) Securities (ii) Other					
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue Business Code						
11a OTHER OPERATING INCOME 621110	5,134,443	5,134,443				
b MEDICAL DIRECTOR FEES 621110	687,995	687,995				
c PHYSICIAN PRACTICE MGM 621110	46,764		46,764			
d All other revenue	26,605	26,605				
e Total. Add lines 11a-11d	5,895,807					
12 Total revenue. See Instructions		65,020,302	64,971,912	46,764	1,626	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,665,568	2,220,151	445,417	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	45,181,588	37,631,745	7,549,843	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	907,912	756,200	151,712	
9	Other employee benefits	6,500,485	5,414,254	1,086,231	
10	Payroll taxes	2,487,835	2,072,118	415,717	
a	Fees for services (non-employees)				
	Management				
b	Legal	51,667		51,667	
c	Accounting				
d	Lobbying	6,240		6,240	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	352,736	349,209	3,527	
13	Office expenses	503,174	419,094	84,080	
14	Information technology	370,292	308,416	61,876	
15	Royalties				
16	Occupancy	4,068,183	3,388,390	679,793	
17	Travel	487,215	405,801	81,414	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	12,065	10,049	2,016	
21	Payments to affiliates	2,217,813	2,217,813		
22	Depreciation, depletion, and amortization	1,214,245	1,011,345	202,900	
23	Insurance	1,499,360	1,499,360		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	2,375,180	1,978,287	396,893	
b	BAD DEBTS	1,998,672	1,998,672		
c	OUTSIDE FEES/CONSULTING	1,542,826	1,285,020	257,806	
d	SERVICE CONTRACTS	1,199,435	999,009	200,426	
e	TELEPHONE	448,364	373,442	74,922	
f	All other expenses	979,947	869,291	110,656	
25	Total functional expenses. Add lines 1 through 24f	77,070,802	65,207,666	11,863,136	0
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,192,500	2	261,556
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,958,161	4	4,884,821
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,047,569	9	2,062,317
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	14,711,533			
	b	Less: accumulated depreciation	10b	10,755,132	4,739,058	10c	3,956,401
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			358,066	14	358,066
	15	Other assets. See Part IV, line 11			856,676	15	904,829
16	Total assets. Add lines 1 through 15 (must equal line 34)			12,152,030	16	12,427,990	
Liabilities	17	Accounts payable and accrued expenses			5,467,671	17	6,032,499
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			2,367,099	25	2,387,849
	26	Total liabilities. Add lines 17 through 25			7,834,770	26	8,420,348
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,317,260	27	4,007,642
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			4,317,260	33	4,007,642
34	Total liabilities and net assets/fund balances			12,152,030	34	12,427,990	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,020,302
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,070,802
3	Revenue less expenses Subtract line 2 from line 1	3	-12,050,500
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,317,260
5	Other changes in net assets or fund balances (explain in Schedule O)	5	11,740,882
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,007,642

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CORE PHYSICIANS LLC

Employer identification number
87-0807914

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
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 ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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		33,078,064	52,046,692	58,705,564	65,020,302	208,850,622
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		33,078,064	52,046,692	58,705,564	65,020,302	208,850,622
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						208,850,622

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6		33,078,064	52,046,692	58,705,564	65,020,302	208,850,622
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		5,638	12,725	2,966	1,626	22,955
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		5,638	12,725	2,966	1,626	22,955
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		35,682	80,389	37,021	46,764	199,856
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)		33,119,384	52,139,806	58,745,551	65,068,692	209,073,433
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99.890 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.010 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2010. 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—2009. 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 ▶			

Part IV

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CORE PHYSICIANS LLC	Employer identification number 87-0807914
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?		No		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
	c Media advertisements?		No		
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			6,240
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			6,240	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CORE PHYSICIANS LLC

Employer identification number
87-0807914

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐

Preservation of land for public use (e g , recreation or pleasure)

☐

Preservation of an historically importantly land area

☐

Protection of natural habitat

☐

Preservation of a certified historic structure

☐

Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

☐ Yes

☐ No

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 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

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

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

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment 
- b** Permanent endowment 
- c** Term endowment 

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		367,457	235,770	131,687
c Leasehold improvements		2,375,646	1,864,950	510,696
d Equipment		11,968,430	8,654,412	3,314,018
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> 				3,956,401

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CORE PHYSICIANS LLC

Employer identification number
87-0807914

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☒ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS UP PAYMENTS WERE PROVIDED TO DEBRA CRESTA, CONSTANCE SPRAUER, KEVIN CALLAHAN, KEVIN O'LEARY, ALLISON CASSASSA, ALL CORE CLINICAL MANAGERS, AARON COLMAN AND KIMBERLY MARBLE (FOR ACQUISITION OF SUPPLEMENTAL LONG TERM DISABILITY INSURANCE) THE BENEFIT WAS TREATED AS TAXABLE INCOME
	PART I, LINE 1B	THERE WAS NO EXISTING POLICY CONCERNING TAX INDEMNIFICATION AND GROSS UP PAYMENTS. HOWEVER, IN THE INSTANCE OF SUCH ACTION RELATED TO THE ACQUISITION OF LONG TERM DISABILITY INSURANCE DESCRIBED ABOVE, THE TAX INDEMNIFICATION AND GROSS UP PAYMENTS WERE APPROVED BY THE EXETER HEALTH RESOURCES BOARD OF TRUSTEES EXECUTIVE COMMITTEE COMPRISED OF DISINTERESTED PERSONS.
	PART I, LINE 4B	THE ORGANIZATION'S PARENT (EXETER HEALTH RESOURCES, INC.) MAINTAINS A SPLIT DOLLAR SUPPLEMENTAL RETIREMENT PLAN FOR 2 EXECUTIVES (LISTED BELOW WITH AMOUNTS) SELECTED BY THE EXETER HEALTH RESOURCES BOARD OF TRUSTEES. THE PLAN IS CLOSED TO FUTURE PARTICIPANTS. THE PLAN PROVIDES FOR ANNUAL PAYMENTS OF PREMIUMS FOR LIFE INSURANCE POLICIES INSURING THE LISTED INDIVIDUALS. THOSE LIFE INSURANCE PREMIUMS ARE COLLATERALLY ASSIGNED TO THE CORPORATION AND ANY EXCESS ACCUMULATED VALUE IN THE POLICIES (NET OF ACCUMULATED PREMIUM PAYMENTS) ARE AVAILABLE TO BE PAID TO THE PARTICIPANT ONCE VESTED AT AGE 62. KEVIN CALLAHAN - EXCESS ACCUMULATED VALUE - \$37,726. KEVIN O'LEARY - EXCESS ACCUMULATED VALUE - \$10,615. CERTAIN OF THE LISTED EMPLOYEES PARTICIPATE IN A NONQUALIFIED DEFERRED COMPENSATION PLAN AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 457(F) SPONSORED BY EHR. IN THE CALENDAR YEAR ENDED DEC 31, 2010 THE CONTRIBUTION TO THE PLAN FOR THE NON-VESTED BENEFIT OF KEVIN CALLAHAN WAS \$168,000 AND THE CONTRIBUTION TO THE PLAN FOR THE NON-VESTED BENEFIT OF KEVIN O'LEARY WAS \$68,000. PARTICIPANTS IN THE 457(F) PLAN DO NOT VEST UNTIL AGE 62.
	PART I, LINE 7	THE PARENT ORGANIZATION (EXETER HEALTH RESOURCES, INC.) PROVIDES AN ANNUAL INCENTIVE COMPENSATION PLAN FOR EXECUTIVES SELECTED BY THE EXETER HEALTH RESOURCES BOARD. THESE EXECUTIVES INCLUDE KEVIN CALLAHAN, KEVIN O'LEARY, CONSTANCE SPRAUER, ALLISON CASSASSA, DEBRA CRESTA. THE EXETER HEALTH RESOURCES BOARD AND/OR ITS EXECUTIVE COMMITTEE APPROVES MEASUREABLE ACHIEVEMENT CRITERIA FOR QUALITY, PATIENT SATISFACTION, PROCESS IMPROVEMENT, FINANCIAL PERFORMANCE, SERVICES INNOVATION AND OTHER COMPELLING AREAS OF STRATEGIC AND OPERATIONAL INTEREST. ADDITIONALLY THE EXETER HEALTH RESOURCES BOARD AND/OR ITS EXECUTIVE COMMITTEE ESTABLISHES MINIMUM, TARGETED AND MAXIMUM LEVELS FOR INCENTIVE AWARDS AND APPROVES ALL AWARDS FOR PARTICIPATING EXECUTIVES. CORE PHYSICIANS HAS A COMPENSATION PLAN THAT IS BASED UPON COMPETITIVE MARKET RATES RELATIVE TO A PHYSICIAN'S SPECIALTY. THE ORGANIZATION UTILIZES THE SERVICES OF AN OUTSIDE COMPENSATION CONSULTANT TO DETERMINE MARKET BENCHMARKS. TOTAL COMPENSATION CONSISTS OF A BASE SALARY, A POTENTIAL FOR A PRODUCTIVITY BONUS, AN ON-CALL STIPEND (IF APPLICABLE), A MEDICAL DIRECTORSHIP STIPEND (IF APPLICABLE), A CITIZENSHIP AND QUALITY PAYMENT THAT IS EARNED BASED UPON THE ACHIEVEMENT OF OBJECTIVES SET IN ADVANCE. THE PRODUCTIVITY BONUS IS BASED ON WORK RELATIVE VALUE UNITS (WRVU) PRODUCTION AND WOULD BE ELIGIBLE TO ANYONE WHO PRODUCES WRVU'S ABOVE HIS BASE SALARY WRVU LEVEL. BASE COMPENSATION IS ALSO ADJUSTED IF WORK RELATIVE VALUE UNITS FALL BELOW THE BASE SALARY WRVU EQUIVALENCY LEVEL. THE PHYSICIANS' COMPENSATION IS APPROVED BY CORE PHYSICIANS, LLC'S COMPENSATION COMMITTEE WHICH IS COMPRISED OF SYSTEM MANAGERS WHO ARE APPROVED BY THE EXETER HEALTH RESOURCES BOARD OF TRUSTEES.

Software ID:
Software Version:
EIN: 87-0807914
Name: CORE PHYSICIANS LLC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DEBRA CRESTA	(i)	0	0	0	0	0	0	0
	(ii)	219,453	66,085	27,222	14,700	23,216	350,676	0
MICHAEL PANGAN MD	(i)	171,626	50,252	17,144	7,350	28,038	274,410	0
	(ii)	0	0	0	0	0	0	0
KEVIN J O'LEARY	(i)	0	0	0	0	0	0	0
	(ii)	267,031	90,019	50,232	82,700	17,731	507,713	0
KEVIN J CALLAHAN	(i)	0	0	0	0	0	0	0
	(ii)	490,965	175,136	97,514	174,700	22,148	960,463	0
TARANEH AZAR MD	(i)	402,810	205,243	17,156	7,350	21,092	653,651	0
	(ii)	0	0	0	0	0	0	0
NICHOLAS GARCIA MD	(i)	408,166	20,611	16,981	7,350	21,203	474,311	0
	(ii)	0	0	0	0	0	0	0
RICHARD HOLLISTER MD	(i)	303,732	96,040	17,038	7,350	22,328	446,488	0
	(ii)	0	0	0	0	0	0	0
MARTIN PRUSS MD	(i)	165,141	1,111	7,367	5,303	22,073	200,995	0
	(ii)	0	0	0	0	0	0	0
ALEXANDRA BONESHO MD	(i)	159,170	10,676	16,908	5,728	21,865	214,347	0
	(ii)	0	0	0	0	0	0	0
PETER IHM	(i)	355,942	205,243	17,209	7,350	26,179	611,923	0
	(ii)	0	0	0	0	0	0	0
ALLISON CASASSA	(i)	0	0	0	0	0	0	0
	(ii)	105,783	39,242	1,453	8,930	5,731	161,139	0
CONSTANCE SPRAUER	(i)	0	0	0	0	0	0	0
	(ii)	198,860	52,636	42,849	14,700	17,631	326,676	0
THOMAS MCGOVERN	(i)	510,444	105,145	33,630	7,350	22,479	679,048	0
	(ii)	0	0	0	0	0	0	0
ROGER NOWAK	(i)	523,908	44,703	17,130	7,350	15,423	608,514	0
	(ii)	0	0	0	0	0	0	0
KIMBERLY MARBLE	(i)	396,286	372,928	17,418	7,350	30,479	824,461	0
	(ii)	0	0	0	0	0	0	0
AARON COLMAN MD	(i)	455,265	8,680	33,396	7,350	21,149	525,840	0
	(ii)	0	0	0	0	0	0	0
JAMES GLENNON MD	(i)	136,112	81,277	20,122	7,135	18,838	263,484	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CORE PHYSICIANS LLC	Employer identification number 87-0807914
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		EXETER HEALTH RESOURCES, INC IS THE SOLE MEMBER OF CORE PHYSICIANS, LLC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		CORE'S GOVERNING BODY IS MADE UP OF 2 CLASSES OF MANAGERS SYSTEM MANAGERS AND CLINICIAN MANAGERS THE 3 SYSTEM MANAGERS ARE THE PRESIDENT (EX-OFFICIO), AND TREASURER (EX-OFFICIO), OF EXETER HEALTH RESOURCES, INC CORE'S SOLE MEMBER, AND CORE'S CEO (EX-OFFICIO), WHO ARE APPOINTED BY THE EXETER HEALTH RESOURCES, INC BOARD OF TRUSTEES THE CLINICIAN MANAGERS ARE NOMINATED BY THE CORE CLINICIANS AND APPOINTMENT AS A CLINICIAN MANAGER IS SUBJECT TO THE APPROVAL OF THE EXTETER HEALTH RESOURCES, INC BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE SOLE MEMBER HAS THE AUTHORITY TO APPROVE BUDGETS, AUTHORIZE MAJOR NON- OPERATIONAL TRANSACTIONS, DISSOLVE THE LLC, DESIGNATE THE FISCAL YEAR AND APPOINT A CPA FOR THE CONDUCT OF AN AUDIT, CHANGE THE LLC'S NAME, AMEND THE OPERATING AGREEMENT AND REQUIRE THE LLC TO COMPLY WITH CERTAIN POLICIES AND PROCEDURES OF THE MEMBER FOR GOVERNANCE OF THE SYSTEM

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS PREPARED BY AN OUTSIDE TAX ACCOUNTANT WITH INFORMATION PROVIDED BY THE ORGANIZATION THE 990 IS REVIEWED BY THE ORGANIZATION'S TREASURER AND THEN PRESENTED TO THE CLINICAL MANAGERS AND SYSTEM MANAGERS BEFORE IT IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE SYSTEM MANAGERS HAVE ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES THE DISCLOSURE OF CONFLICTS OF INTEREST EITHER WHEN THE INTEREST BECOMES A MATTER OF POSSIBLE ACTION BY THE BOARD OR DURING AN ANNUAL DISCLOSURE PROCESS. DIRECTORS (A/K/A MANAGERS), OFFICERS, AND KEY EMPLOYEES, AS WELL AS ALL MEMBERS OF SENIOR MANAGEMENT, ARE PART OF THE ANNUAL DISCLOSURE PROCESS, WHICH IS INITIATED BY THE ISSUANCE OF A MEMORANDUM AND ACCOMPANYING QUESTIONNAIRE BY THE PRESIDENT. ALL DISCLOSURES ARE REVIEWED. ANY MANAGER WITH A CONFLICT OF INTEREST IS REQUIRED TO ABSTAIN FROM VOTING OR A QUORUM DETERMINATION ON THE MATTER AND ANY OFFICER, KEY EMPLOYEE, OR MEMBER OF SENIOR MANAGEMENT WITH A CONFLICT DOES NOT TAKE PART IN MAKING AND IS NOT PRESENT FOR ANY DECISION REGARDING THE MATTER. THE POLICY IS MONITORED AND ENFORCED BY BOTH THE PRESIDENT AND THE FULL BOARD. A SEPARATE ORGANIZATIONAL POLICY REQUIRES ALL EMPLOYEES TO DISCLOSE ANY CONFLICT OF INTEREST IN WRITING UPON HIRE. THEREAFTER, ON AN ANNUAL BASIS STAFF WITHIN HUMAN RESOURCES SURVEY (A) ALL PROVIDERS, (B) ALL EMPLOYEES AND CONTRACTED STAFF SERVING IN A MANAGERIAL ROLE, AND (C) ALL MEMBERS OF ANY COMMITTEES WHICH MAKE RECOMMENDATIONS OR DECISIONS REGARDING THE PURCHASE OF GOODS OR SERVICES AS A MEANS TO ENSURE THAT ANY CONFLICT OF INTEREST IS APPROPRIATELY DISCLOSED AND MANAGED. EMPLOYEES OTHERWISE ARE REQUIRED TO SUPPLEMENT OR MAKE ANY FURTHER WRITTEN DISCLOSURE AT THE TIME A CONFLICT ARISES. THIS POLICY IS MONITORED AND ENFORCED BY THE DEPARTMENT OF HUMAN RESOURCES, AS WELL AS CORE'S PRESIDENT AND COMPLIANCE OFFICER. ANY CONFLICT OF INTEREST IS MANAGED UNDER THIS POLICY BY DISCLOSURE, RECUSAL, OR DIVESTITURE OF THE INTEREST.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S PARENT(EXETER HEALTH RESOURCES) HAS A FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE CORE PRESIDENT AND OTHER SYSTEM MANAGERS THAT IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACHIEVING THE ORGANIZATION'S MISSION, TO RECOGNIZE INDIVIDUAL AND TEAM PERFORMANCE, AND TO COMPLY WITH THE ORGANIZATION'S OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION. THE EXECUTIVE COMMITTEE OF THE EXETER HEALTH RESOURCES' BOARD OF TRUSTEES CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION OF THE CORE PRESIDENT AND OTHER LISTED SYSTEM MANAGERS. IN DOING SO, THE COMMITTEE RETAINS A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT COMPETITIVE MARKET ANALYSIS OF THE MARKET RANGES OF BASE, INCENTIVE, AND TOTAL CASH COMPENSATION, AND TO PROVIDE ADVICE CONCERNING THE REASONABLENESS OF THE COMPENSATION OF THE CORE PRESIDENT AND OTHER SYSTEM MANAGERS. THE EXETER HEALTH RESOURCES EXECUTIVE COMMITTEE UTILIZES THAT ANALYSIS AND OTHER APPROPRIATE INFORMATION IN CONNECTION WITH ITS ANNUAL REVIEW OF THE COMPENSATION OF THE CORE PRESIDENT AND CORE'S OTHER SYSTEM MANAGERS. INFORMATION WHICH THE COMMITTEE MAY CONSIDER CAN INCLUDE BUT IS NOT LIMITED TO THE PERFORMANCE OF THE CORE PRESIDENT AND OTHER SYSTEM MANAGERS INDIVIDUALLY OR COLLECTIVELY AS EXECUTIVE MANAGEMENT TEAM MEMBERS, THE PERFORMANCE OF THE ORGANIZATION IN WHOLE OR IN PART, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY HISTORY, THE ORGANIZATION'S COMPENSATION TARGETS AND COMPARABILITY DATA, INCLUDING THE DATA PREPARED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMMITTEE. THE COMMITTEE INCORPORATES A PERFORMANCE APPRAISAL PROCESS FOR THE CORE PRESIDENT AND OTHER SYSTEM MANAGERS' COMPENSATION REVIEW. CORE'S PRESIDENT AND OTHER SYSTEM MANAGERS ARE NOT PRESENT WHEN THE EXECUTIVE COMMITTEE DISCUSSES THEIR RESPECTIVE COMPENSATION. IN ADDITION, THE EXECUTIVE COMMITTEE DETERMINES IF THE THRESHOLD REQUIREMENTS FOR INCENTIVE AWARDS ARE MET CONSISTING OF THE ORGANIZATION'S PERFORMANCE RESULTS FOR QUALITY, OPERATING SYSTEM EXCELLENCE AND FINANCIAL PERFORMANCE. FOR THE PRESIDENT OF CORE, THE EXECUTIVE COMMITTEE CONSIDERS THE RECOMMENDATIONS OF THE SYSTEM MANAGER WHO IS THE PRESIDENT OF THE MEMBER (EXETER HEALTH RESOURCES, INC). CONCERNING COMPENSATION ADJUSTMENTS AND INCENTIVE AWARDS, THE EXECUTIVE COMMITTEE THEN DETERMINES CORE'S PRESIDENT'S COMPENSATION. FOR THE SYSTEM MANAGER WHO IS THE TREASURER OF THE MEMBER (EXETER HEALTH RESOURCES, INC), THAT SYSTEM MANAGER'S COMPENSATION IS CONSIDERED BY THE EXECUTIVE COMMITTEE UPON RECOMMENDATION OF THE MEMBER'S (EXETER HEALTH RESOURCES, INC) PRESIDENT. THE EXECUTIVE COMMITTEE THEN DETERMINES THAT SYSTEM MANAGER'S COMPENSATION WHICH IS SUBSEQUENTLY RATIFIED BY THE BOARD OF TRUSTEES OF THE MEMBER (EXETER HEALTH RESOURCES, INC) FOR THE SYSTEM MANAGER WHO IS THE PRESIDENT OF THE MEMBER (EXETER HEALTH RESOURCES, INC), THAT SYSTEM MANAGER'S COMPENSATION IS CONSIDERED BY THE EXECUTIVE COMMITTEE AND THE COMMITTEE MAKES RECOMMENDATIONS CONCERNING THAT SYSTEM MANAGER'S COMPENSATION TO THE BOARD OF TRUSTEES OF THE MEMBER (EXETER HEALTH RESOURCES, INC) FOR ITS APPROVAL. THE EXECUTIVE COMMITTEE OF THE MEMBER'S BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF THE MEMBER CONSIDER WHETHER THE COMPENSATION ADJUSTMENTS AND PERFORMANCE AWARDS ARE IN THE ORGANIZATION'S BEST INTEREST AND BENEFIT AND COMPLY WITH BOARD OF TRUSTEES APPROVED PARAMETERS. THE COMPENSATION OF THE CORE PHYSICIANS' CHAIRMAN AND OTHER CLINICIAN MANAGERS IS GOVERNED BY THE CORE PHYSICIANS' COMPENSATION PLAN WHICH IS APPROVED SOLELY BY THE SYSTEM MANAGERS (CORE'S PRESIDENT, PRESIDENT OF THE MEMBER AND TREASURER OF THE MEMBER). THE SYSTEM MANAGERS REVIEW COMPARABILITY DATA PREPARED BY A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT WHEN APPROVING COMPENSATION OF THE CLINICIAN MANAGERS INCLUDING THE CHAIRMAN OF CORE. THE SYSTEM MANAGERS CONSIDER WHETHER THE COMPENSATION OF THE CLINICIAN MANAGERS (INCLUDING THE CHAIRMAN OF CORE) AND ANY ADJUSTMENTS TO COMPENSATION ARE IN THE ORGANIZATION'S BEST INTEREST AND BENEFIT AND IN COMPLIANCE WITH CORE PHYSICIAN'S COMPENSATION PLAN.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	TRANSFER FROM AFFILIATE 11,740,882 TOTAL TO FORM 990, PART XI, LINE 5 11,740,882

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	ORGANIZATION IS PART OF THE CONSOLIDATED OPERATIONS OF EXETER HEALTH RESOURCES, INC THE EXETER HEALTH RESOURCES EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE OVERSITE OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CORE PHYSICIANS LLC

Employer identification number
87-0807914

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) EXETER HEALTH RESOURCES INC 5 ALUMNI DRIVE EXETER, NH 03833 02-0222126	MANAGEMENT AND SUPPORTING ORGANIZATION, HOLDING COMPANY	NH	501(C)(3)	11			No
(2) EXETER HOSPITAL 5 ALUMNI DRIVE EXETER, NH 03833 22-2674014	HOSPITAL	NH	501(C)(3)	3	EXETER HEALTH RESOURCES INC		No
(3) EXETER HEALTHCARE 5 ALUMNI DRIVE EXETER, NH 03833 02-0360966	SUBACUTE NURSING FACILITY	NH	501(C)(3)	9	EXETER HEALTH RESOURCES INC		No
(4) ROCKINGHAM VISITING NURSE ASSOC 5 ALUMNI DRIVE EXETER, NH 03833 02-0274905	HOME CARE, HOSPICE	NH	501(C)(3)	9	EXETER HEALTH RESOURCES INC		No
(5) MATRIX HEALTH 5 ALUMNI DRIVE EXETER, NH 03833 02-0473737	MANAGE RESOURCES	NH	501(C)(3)	11	EXETER HEALTH RESOURCES INC		No
(6) EXETER MED REAL 5 ALUMNI DRIVE EXETER, NH 03833 02-0418718	REAL ESTATE HOLDING	NH	501(C)(25)		EXETER HEALTH RESOURCES INC		No
(7) EXETER HEALTH RESOURCES SELF INS TRUST 5 ALUMNI DRIVE EXETER, NH 03833 20-0753662	SELF INSURANCE TRUST	NH	501(C)(3)	11	EXETER HEALTH RESOURCES INC		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CONVERGENT HEALTH SYSTEMS INC 5 ALUMNI DRIVE EXETER, NH03833 02-1469711	WELLNESS CENTER	NH	EXETER HEALTH RESOURCES INC	C			
(2) VX HEALTH SERVICES 5 ALUMNI DRIVE EXETER, NH03833 02-0469712	FITNESS CENTER	NH	CONVERGENT HEALTH SYSTEMS INC	C			
(3) EXETER MEDICAL SERVICES 5 ALUMNI DRIVE EXETER, NH03833 02-0419850	INACTIVE PHYSICIAN PRACTICE	NH	CONVERGENT HEALTH SYSTEMS INC	C			
(4) CORE HEALTH SERVICES OF MA 5 ALUMNI DRIVE EXETER, NH03833 20-1598042	INACTIVE PHYSICIAN PRACTICE	MA	EXETER HEALTH RESOURCES INC	C			

Part V

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

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

Yes

Yes

No

Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 87-0807914
Name: CORE PHYSICIANS LLC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
EXETER HEALTH RESOURCES INC 5 ALUMNI DRIVE EXETER, NH03833 02-0222126	MANAGEMENT AND SUPPORTING ORGANIZATION, HOLDING COMPANY	NH	501(C)(3)	11			No
EXETER HOSPITAL 5 ALUMNI DRIVE EXETER, NH03833 22-2674014	HOSPITAL	NH	501(C)(3)	3	EXETER HEALTH RESOURCES INC		No
EXETER HEALTHCARE 5 ALUMNI DRIVE EXETER, NH03833 02-0360966	SUBACUTE NURSING FACILITY	NH	501(C)(3)	9	EXETER HEALTH RESOURCES INC		No
ROCKINGHAM VISITING NURSE ASSOC 5 ALUMNI DRIVE EXETER, NH03833 02-0274905	HOME CARE, HOSPICE	NH	501(C)(3)	9	EXETER HEALTH RESOURCES INC		No
MATRIX HEALTH 5 ALUMNI DRIVE EXETER, NH03833 02-0473737	MANAGE RESOURCES	NH	501(C)(3)	11	EXETER HEALTH RESOURCES INC		No
EXETER MED REAL 5 ALUMNI DRIVE EXETER, NH03833 02-0418718	REAL ESTATE HOLDING	NH	501(C)(25)		EXETER HEALTH RESOURCES INC		No
EXETER HEALTH RESOURCES SELF INS TRUST 5 ALUMNI DRIVE EXETER, NH03833 20-0753662	SELF INSURANCE TRUST	NH	501(C)(3)	11	EXETER HEALTH RESOURCES INC		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	EXETER HEALTH RESOURCES SELF INS TRUST	P	397,530	CASH
(2)	EXETER HEALTH RESOURCES INC	R	5,950,050	CASH
(3)	EXETER HOSPITAL	R	5,790,883	CASH
(4)	EXETER HOSPITAL	L	1,261,012	CASH
(5)	EXETER HEALTH RESOURCES INC	L	543,174	CASH
(6)	EXETER MED REAL	J	2,015,149	CASH
(7)	EXETER HEALTH RESOURCES INC	N	327,562	CASH
(8)	EXETER HOSPITAL	I	13,988	CASH
(9)	EXETER HOSPITAL	K	3,644,847	CASH