

**NEW MILFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.	AFFILIATE NAME	THE NEW MILFORD HOSPITAL, INC
1	Affiliate Description	SHORT TERM ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	JOSEPH FROLKIS, MD
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	JOSEPH FROLKIS, MD
11	CT Agent Company	THE NEW MILFORD HOSPITAL, INC
12	CT Agent Company Street Address	21 ELM STREET
13	CT Agent Town	New Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06776 -
B.	AFFILIATE NAME	NEW MILFORD HOSPITAL FOUNDATION INC.
1	Affiliate Description	THE FOUNDATION IS A CHARITABLE ORGANIZATION DEDICATED EXCLUSIVELY TO OVERALL FUNDRAISING EFFORTS INCLUDING THE SOLICITING AND RECEIVING OF CONTRIBUTIONS, GRANTS, DONATIONS, AND BEQUESTS BY THE HOSPITAL.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	JOSEPH FROLKIS, MD
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	JOSEPH FROLKIS, MD
11	CT Agent Company	NEW MILFORD HOSPITAL FOUNDATION
12	CT Agent Company Street Address	21 ELM STREET
13	CT Agent Town	New Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06776 -
C.	AFFILIATE NAME	NEW MILFORD VNA INC.
1	Affiliate Description	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESIDENTS OF SURROUNDING AREA OF NEW MILFORD.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	JOSEPH FROLKIS, MD
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	JOSEPH FROLKIS, MD
11	CT Agent Company	NEW MILFORD VNA
12	CT Agent Company Street Address	21 ELM STREET
13	CT Agent Town	New Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06776 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**NEW MILFORD HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
A. NEW MILFORD HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
B. THE NEW MILFORD HOSPITAL, INC			
1		Unrestricted	\$13,080,008
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$7,033,945
4		Permanently Restricted by Donor	\$3,654,449
5		Intercompany Eliminations	\$17,071,053
		Total:	\$40,839,455
C. NEW MILFORD HOSPITAL FOUNDATION INC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$10,534,620
3		Temporarily Restricted by Board	\$3,654,449
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$14,189,069
D. NEW MILFORD VNA INC.			
1		Unrestricted	\$2,881,984
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,881,984
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$40,839,455
	Intercompany Eliminations		\$17,071,053
	Total of all Affiliates	Fund Balance:	\$57,910,508

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A.	THE NEW MILFORD HOSPITAL, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$6,110,149
1		Transfer to Hospital for Property, Plant & Equipment	09/30/2009	\$67,303
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$6,177,452
B.	NEW MILFORD HOSPITAL FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$3,615,113)
1		Ttransfer from Foundation for Property, Plant & Equipme	09/30/2009	(\$67,303)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$3,682,416)
C.	NEW MILFORD VNA INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	\$2,495,036

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2008	\$0
A.	THE NEW MILFORD HOSPITAL, INC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	NEW MILFORD HOSPITAL FOUNDATION INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	NEW MILFORD VNA INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$0

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A. THE NEW MILFORD HOSPITAL, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
B. NEW MILFORD HOSPITAL FOUNDATION INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C. NEW MILFORD VNA INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	THE NEW MILFORD HOSPITAL, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	NEW MILFORD HOSPITAL FOUNDATION INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	NEW MILFORD VNA INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**NEW MILFORD HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		0
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

NEW MILFORD HOSPITAL					
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement, 2 reminders and a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	18.00%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement, 2 reminders and a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies follow their own collection policies

**NEW MILFORD HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	21.00%
	Collection Agent	
1	Collection Agent Name	Credit Center
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement, 2 reminders and a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies follow their own collection policies.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.00%
	Collection Agent	
1	Collection Agent Name	The CCS Companies
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement, 2 reminders and a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies follow their own collection policies
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	20.00%

**NEW MILFORD HOSPITAL
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	V.P. FINANCE	\$1,524,111	\$50,349	\$1,574,460
2.	PRESIDENT	\$516,397	\$63,372	\$579,769
3.	EX-PRESIDENT	\$450,913	\$53,786	\$504,699
4.	RAD-PHYSICIAN	\$419,557	\$33,615	\$453,172
5.	LAB-PHYSICIAN	\$410,001	\$34,619	\$444,620
6.	DIR-EMER SVCS	\$406,712	\$35,883	\$442,595
7.	EAR,NOSE & THROAT PHYSICIAN	\$360,031	\$33,078	\$393,109
8.	PVT-PHYSICIAN	\$343,525	\$44,761	\$388,286
9.	VP-NURSING, COO	\$333,463	\$45,550	\$379,013
10.	ER-PHYSICIAN	\$308,514	\$33,478	\$341,992
	Grand Total:	\$5,073,224	\$428,491	\$5,501,715

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . THE NEW MILFORD HOSPITAL, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . NEW MILFORD HOSPITAL FOUNDATION INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$360,412	\$69,121	\$429,533
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . NEW MILFORD VNA INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**NEW MILFORD HOSPITAL
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

NEW MILFORD HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	278	274	(4)	-1%
2.	Number of Approved Applicants	254	250	(4)	-2%
3.	Total Charges (A)	\$4,069,072	\$3,386,222	(\$682,850)	-17%
	Average Charges	\$16,020	\$13,545	(\$2,475)	-15%
4.	Ratio of Cost to Charges (RCC)	0.421997	0.418624	(0.003373)	-1%
	Total Cost	\$1,717,136	\$1,417,554	(\$299,582)	-17%
	Average Cost	\$6,760	\$5,670	(\$1,090)	-16%
5.	Charity Care - Inpatient Charges	\$779,727	\$934,762	\$155,035	20%
6.	Charity Care - Outpatient Emergency Department Charges	228,567	262,311	33,744	15%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	3,060,778	2,189,149	(871,629)	-28%
	Total Charges (A)	\$4,069,072	\$3,386,222	(\$682,850)	-17%
8.	Charity Care - Number of Patient Days	138	175	37	27%
9.	Charity Care - Number of Discharges	53	47	(6)	-11%
10.	Charity Care - Number of Outpatient ED Visits	1,620	1,494	(126)	-8%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,183	6,296	113	2%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					