

Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE MILFORD HOSPITAL, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 SEASIDE AVENUE City, town, or post office, state, and ZIP code MILFORD, CT 06460 F Name and address of principal officer: LAURA SMITH SAME AS C ABOVE	D Employer identification number 06-0646741 E Telephone number (203) 876-4000 G Gross receipts \$ 209,019,745. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.MILFORDHOSPITAL.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1942 M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HOSPITAL SERVICES	
2	Check this box <input type="checkbox"/> 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)	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	19
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	834
6	Total number of volunteers (estimate if necessary)	315
7a	Total unrelated business revenue from Part VIII, column (C), line 12	5,396,682.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.
8	Contributions and grants (Part VIII, line 1h)	6,316.
9	Program service revenue (Part VIII, line 2g)	190,860,963.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,252,656.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,678,203.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,798,138.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	86,537.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,289,295.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	141,155,851.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	197,531,683.
19	Revenue less expenses. Subtract line 18 from line 12	-1,733,545.
20	Total assets (Part X, line 16)	58,315,458.
21	Total liabilities (Part X, line 26)	50,954,217.
22	Net assets or fund balances. Subtract line 21 from line 20	7,361,241.

Part II Signature Block

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 LAURA SMITH, CFO/VP OF FINANCE Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS FARRINGTON	Preparer's signature
	Firm's name ▶ MARCUM LLP	Date
	Firm's address ▶ CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	Check if self-employed <input type="checkbox"/> PTIN P00370668
		Firm's EIN ▶ 11-1986323
		Phone no. 860-549-8500

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 [X]

1 Briefly describe the organization's mission: THE MISSION OF MILFORD HOSPITAL IS TO EFFECTIVELY AND EFFICIENTLY PROVIDE HIGH QUALITY HEALTHCARE SERVICES IN A MODERN AND SAFE ENVIRONMENT, BY ANTICIPATING AND EXCEEDING THE NEEDS OF PATIENTS, PHYSICIANS AND ALL OF OUR CUSTOMERS WITH EXCELLENCE, CONVENIENCE AND

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 194,793,116. including grants of \$ 85,946.) (Revenue \$ 197,828,680.) MILFORD HOSPITAL PROVIDES HIGH-QUALITY HEALTHCARE SERVICES TO THE RESIDENTS OF MILFORD, WEST HAVEN, ORANGE AND STRATFORD, CONNECTICUT AND ITS SURROUNDING COMMUNITIES WITHOUT REGARD TO RACE, GENDER, CREED OR ABILITY TO PAY.

SEE SCHEDULE O FOR CONTINUATION

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 194,793,116.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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 through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
25b 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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c 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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and other IRS filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20	
b	Enter the number of voting members included in line 1a, above, who are independent	19	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOSEPH PELACCIA - 203-876-4230**
300 SEASIDE AVENUE, MILFORD, CT 06460

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. 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 persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) SAMUEL BERGAMI, JR. CHAIRMAN	1.00 0.30	X		X				0.	0.	0.
(2) LOUIS D'AMATO VICE CHAIRMAN	1.00 0.30	X		X				0.	0.	0.
(3) STEPHEN E. RONAI, ESQ. SECRETARY	1.00 0.30	X		X				0.	0.	0.
(4) RICHARD MEISENHEIMER TREASURER	1.00 0.30	X		X				0.	0.	0.
(5) JOSEPH PELACCIA PRESIDENT & CEO	41.70 5.20	X		X			462,897.	58,002.	124,037.	
(6) JAMES BEARD DIRECTOR	1.00 0.30	X						0.	0.	0.
(7) NANCY BENNETT DIRECTOR	1.00 0.30	X						0.	0.	0.
(8) ARMAND CANTAFIO DIRECTOR	1.00 0.30	X						0.	0.	0.
(9) LEO CARROLL DIRECTOR	1.00 0.30	X						0.	0.	0.
(10) BRADFORD GESLER DIRECTOR	1.00 0.30	X						0.	0.	0.
(11) ANN LOESCH DIRECTOR	0.20 0.10	X						0.	0.	0.
(12) CAROL MCINNIS DIRECTOR	0.20 0.10	X						0.	0.	0.
(13) LEN NAPOLI, JR. DIRECTOR	1.00 0.30	X						0.	0.	0.
(14) GARY OPIN, DMD DIRECTOR	0.20 0.10	X						0.	0.	0.
(15) RAYMOND S. OLIVER DIRECTOR	0.20 0.10	X						0.	0.	0.
(16) MICHAEL SAFFER DIRECTOR	1.00 0.30	X						0.	0.	0.
(17) RONALD SILVERBERG DIRECTOR	0.20 0.10	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) STEVEN SAUNDERS, MD DIRECTOR / MEDICAL STAFF PRESIDENT	1.00 0.30	X						0.	0.	0.
(19) CHARLES GUGLIN, MD DIRECTOR / MEDICAL STAFF PRESIDENT	1.00 0.30	X						0.	0.	0.
(20) CONNIE MILLER DIRECTOR / AUXILIARY CO-PRESIDENT	0.20 0.10	X						0.	0.	0.
(21) SANDRA VIGILIO DIRECTOR / AUXILIARY CO-PRESIDENT	0.20 0.10	X						0.	0.	0.
(22) LLOYD FRIEDMAN, MD VP MEDICAL AFFAIRS & COO	33.40 4.20			X				418,985.	52,499.	150,301.
(23) LAURA SMITH VP FINANCE & CFO	36.40 6.80			X				143,849.	26,786.	72,459.
(24) ANDREW CHOW HOSPITALIST	60.20 0.00					X		306,427.	0.	26,215.
(25) RESUL DALIPI HOSPITALIST	57.80 0.00					X		304,871.	0.	22,273.
(26) ANITHA KAMATH CHIEF PATHOLOGIST	40.00 0.00					X		305,909.	0.	26,324.
1b Sub-total								1,942,938.	137,287.	421,609.
c Total from continuation sheets to Part VII, Section A								629,782.	0.	33,282.
d Total (add lines 1b and 1c)								2,572,720.	137,287.	454,891.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **75**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFTERCARE PHYSICAL THERAPY SERVICES 4154 MADISON AVE., TRUMBULL, CT 06611	THERAPY SERVICES	693,040.
SODEXO OPERATIONS, LLC P.O. BOX 360170, PITTSBURGH, PA 15251	FOOD SERVICE	605,386.
AMERICAN RED CROSS P.O. BOX 33093, NEWARK, NJ 07188	PROCESS BLOOD	422,419.
ACCELECARE WOUND CENTER, INC. P.O. BOX 671242, DALLAS, TX 75267	WOUND SERVICES	293,412.
WEATHERBY LOCUMS INC. P.O. BOX 972633, DALLAS, TX 75397	PHYSICIAN SERVICES	285,418.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **15**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(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	1 a 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 306,145.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		306,145.			
Program Service Revenue	2 a SPECIAL SERVICES	Business Code 621500	142,339,309.	139,205,248.	3,134,061.	
	b ROUTINE SERVICES	624100	51,948,387.	51,948,387.		
	c OTHER SERVICES	541610	2,185,371.		2,185,371.	
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		196,473,067.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		261,675.		261,675.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	10,200.			
		(ii) Personal				
		b Less: rental expenses	7,323.			
		c Rental income or (loss)	2,877.			
	d Net rental income or (loss)		2,877.		2,877.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	9,831,248.			
		(ii) Other	35,000.			
		b Less: cost or other basis and sales expenses	9,184,408.	24,409.		
		c Gain or (loss)	646,840.	10,591.		
d Net gain or (loss)		657,431.		657,431.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	79,107.				
	b Less: direct expenses	31,705.				
	c Net income or (loss) from fundraising events		47,402.		47,402.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	113,712.				
	b Less: cost of goods sold	63,704.				
	c Net income or (loss) from sales of inventory		50,008.		50,008.	
Miscellaneous Revenue		Business Code				
11 a MEANINGFUL USE INCOME		900099	1,355,613.	1,355,613.		
	b CAFETERIA REVENUE	722210	216,623.		216,623.	
	c PHARMACY SALES	446110	178,878.		178,878.	
	d All other revenue	900099	158,477.		77,250.	
	e Total. Add lines 11a-11d		1,909,591.			
12 Total revenue. See instructions.		199,708,196.	192,509,248.	5,396,682.	1,496,121.	

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).

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

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 United States. See Part IV, line 21	79,696.	79,696.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	6,250.	6,250.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,328,367.	544,333.	784,034.	
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	37,933,329.	34,125,705.	3,807,624.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	862,429.	862,429.		
9 Other employee benefits	11,027,857.	9,796,929.	1,230,928.	
10 Payroll taxes	2,628,812.	2,320,767.	308,045.	
11 Fees for services (non-employees):				
a Management				
b Legal	349,282.		349,282.	
c Accounting	175,834.		175,834.	
d Lobbying	16,118.		16,118.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45,451.		45,451.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,836,600.	5,356,071.	1,480,529.	
12 Advertising and promotion	124,994.		124,994.	
13 Office expenses	703,619.	507,672.	195,947.	
14 Information technology	360,207.	62,714.	297,493.	
15 Royalties				
16 Occupancy	2,239,640.	2,094,218.	145,422.	
17 Travel	26,473.	10,548.	15,925.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,472.	32,752.	1,720.	
20 Interest	4,067.		4,067.	
21 Payments to affiliates	102,986.	89,385.	13,601.	
22 Depreciation, depletion, and amortization	4,460,532.	3,294,112.	1,166,420.	
23 Insurance	24,808.		24,808.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOWANCE FOR UNPAID CA	115,925,573.	115,925,573.		
b MEDICAL EXPENSES	10,367,519.	10,367,519.		
c BAD DEBTS	6,456,481.	6,456,481.		
d HOSPITAL TAX	2,363,464.		2,363,464.	
e All other expenses	3,593,229.	2,859,962.	733,267.	
25 Total functional expenses. Add lines 1 through 24e	208,078,089.	194,793,116.	13,284,973.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	369,970.	1	1,331,986.
	2	Savings and temporary cash investments	3,303,475.	2	2,549,156.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,293,728.	4	9,343,495.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	886,768.	8	918,069.
	9	Prepaid expenses and deferred charges	613,085.	9	1,216,823.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 71,817,975.		
	b	Less: accumulated depreciation	10b 49,926,468.		
			23,582,152.	10c	21,891,507.
	11	Investments - publicly traded securities	11,013,706.	11	4,035,828.
	12	Investments - other securities. See Part IV, line 11	789,204.	12	894,273.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	5,463,370.	15	5,760,085.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	58,315,458.	16	47,941,222.	
Liabilities	17	Accounts payable and accrued expenses	13,411,819.	17	14,061,882.
	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	Loans and other 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	935,367.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	36,607,031.	25	25,453,569.
	26	Total liabilities. Add lines 17 through 25	50,954,217.	26	39,515,451.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,018,037.	27	6,977,498.
	28	Temporarily restricted net assets	669,441.	28	774,510.
	29	Permanently restricted net assets	673,763.	29	673,763.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	7,361,241.	33	8,425,771.	
34	Total liabilities and net assets/fund balances	58,315,458.	34	47,941,222.	

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	199,708,196.
2	Total expenses (must equal Part IX, column (A), line 25)	2	208,078,089.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,369,893.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,361,241.
5	Net unrealized gains (losses) on investments	5	-779,045.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,213,468.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,425,771.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 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.	X	
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? _____		X
3b	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 _____		

Form 990 (2012)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
-----------------------------------------------------------	-----------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization

Employer identification number

THE MILFORD HOSPITAL, INC.

06-0646741

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public
Inspection

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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 35c (Proxy Tax), then

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

Name of organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
-----------------------------------------------------------	-----------------------------------------------------

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 function 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012
LHA

232041
01-07-13

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		16,118.
j Total. Add lines 1c through 1i			16,118.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE HOSPITAL PAID DUES TO THE CT HOSPITAL ASSOCIATION (CHA), WHICH INCLUDED LOBBYING COSTS OF \$9,896. CHA REPRESENTS CT HOSPITALS AND WORKS WITH OTHER ORGANIZATIONS LIKE AHA TO ADDRESS STATE AND FEDERAL LEGISLATIVE ISSUES AFFECTING HOSPITALS.

Part IV Supplemental Information (continued)

THE HOSPITAL ALSO PAID DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA), WHICH INCLUDED LOBBYING COSTS OF \$6,222. AHA REPRESENTS ALL HOSPITALS, NATIONWIDE, AND WORKS ALONG WITH STATE HOSPITAL ASSOCIATIONS, LIKE CHA TO ADDRESS FEDERAL LEGISLATIVE ISSUES AFFECTING HOSPITALS.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 XIII. Check here if the explanation has been provided in Part XIII

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	741,399.	685,311.	663,319.	657,181.	647,698.
b Contributions			5,000.	5,000.	5,000.
c Net investment earnings, gains, and losses	-16,773.	56,088.	16,992.	1,138.	4,483.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	724,626.	741,399.	685,311.	663,319.	657,181.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		825,066.		825,066.
b Buildings	103,155.	36,750,302.	22,121,921.	14,731,536.
c Leasehold improvements				
d Equipment		33,530,177.	27,216,646.	6,313,531.
e Other		609,275.	587,901.	21,374.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				21,891,507.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	348,164.
(2) OTHER RECEIVABLES	510,928.
(3) INSURED CLAIMS RECEIVABLE	4,900,993.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ACCRUED INSURANCE	475,000.
(3) ACCRUED PENSION	16,863,248.
(4) DUE TO THIRD PARTY	1,417,066.
(5) DEFERRED COMPENSATION	296,052.
(6) DUE TO AFFILIATES	801,977.
(7) OTHER ACCRUED BENEFITS	699,233.
(8) INSURED CLAIMS LIABILITIES	4,900,993.
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		1 80,061,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a -779,045.	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d -565,105.	
e	Add lines 2a through 2d		2e -1,344,150.
3	Subtract line 2e from line 1		3 81,405,323.
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 45,451.	
b	Other (Describe in Part XIII.)	4b 118,257,422.	
c	Add lines 4a and 4b		4c 118,302,873.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 199,708,196.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1 89,226,155.
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 XIII.)	2d -10,591.	
e	Add lines 2a through 2d		2e -10,591.
3	Subtract line 2e from line 1		3 89,236,746.
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 45,451.	
b	Other (Describe in Part XIII.)	4b 118,795,892.	
c	Add lines 4a and 4b		4c 118,841,343.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 208,078,089.

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:		
OTHER ALLOWANCES		-565,105.
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
ALLOWANCE		115,925,573.
AUXILIARY REVENUE		88,713.
CHARITY CARE		643,601.

Part XIII Supplemental Information (continued)

PASSTHROUGH INCOME	-1,816.
OTHER EXPENSES NETTED FROM REVENUE	1,559,188.
REVENUE/EXPENSE RECLASS	9,291.
GAIN ON SALE OF ASSETS	10,591.
MEDICAL STAFF ACCOUNT REVENUE	22,281.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	118,257,422.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS	-10,591.
------------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE	115,925,573.
AUXILIARY EXPENSE	85,251.
CHARITY CARE	643,601.
OTHER EXPENSES NETTED FROM REVENUE	1,559,188.
OTHER ALLOWANCES	565,105.
REVENUE/EXPENSE RECLASS	9,291.
MEDICAL STAFF ACCOUNT EXPENSE	7,883.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	118,795,892.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GARDEN OF LIFE (event type)	CELEBRATION OF TREES (event type)	12 (total number)		
Revenue	1	Gross receipts	28,941.	18,962.	31,204.	79,107.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	28,941.	18,962.	31,204.	79,107.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	20,497.	625.	10,583.	31,705.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(31,705)
	11	Net income summary. Combine line 3, column (d), and line 10				47,402.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **THE MILFORD HOSPITAL, INC.** Employer identification number **06-0646741**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		115	321,486.	91,506.	229,980.	.11%
b Medicaid (from Worksheet 3, column a)		4,214	5351211.	4147081.	1204130.	.58%
c Costs of other means-tested government programs (from Worksheet 3, column b)		6,450	5000520.	4233825.	766,695.	.37%
d Total Financial Assistance and Means-Tested Government Programs		10,779	10673217.	8472412.	2200805.	1.06%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	38	71,012	70,763.	7,086.	63,677.	.03%
f Health professions education (from Worksheet 5)	6	135	465,482.		465,482.	.22%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	100	111,094.		111,094.	.05%
j Total. Other Benefits	47	71,247	647,339.	7,086.	640,253.	.30%
k Total. Add lines 7d and 7j	47	82,026	11320556.	8479498.	2841058.	1.36%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, and primary website address

1 THE MILFORD HOSPITAL, INC.
300 SEASIDE AVENUE
MILFORD, CT 06460

2 THE MILFORD HOSPITAL WALK-IN CENTER
831 BOSTON POST ROAD
MILFORD, CT 06460

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, ER-24 hours: X. Row 2: WALK IN CENTER.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group THE MILFORD HOSPITAL, INC.

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) THE MILFORD HOSPITAL, INC.

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) THE MILFORD HOSPITAL, INC.

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21		X
-----------	--	----------

If "Yes," explain in Part VI.

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

22		X
-----------	--	----------

If "Yes," explain in Part VI.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group THE MILFORD HOSPITAL WALK-IN CENTER

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 2

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) THE MILFORD HOSPITAL WALK-IN CENTER

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **THE MILFORD HOSPITAL WALK-IN CENTER**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.		
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Part VI.		

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 3C: N/A

PART II: MILFORD HOSPITAL PROVIDES EMERGENCY PREPAREDNESS

TRAINING AND DISASTER PLANNING FOR THE HOSPITAL AND THE COMMUNITY IT SERVES.

PART III, LINE 4: TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE:

PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES PROVIDED BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESULT FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE AMOUNT OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN MEDICARE AND MEDICAID HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS.

COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINES 2 AND

Part VI Supplemental Information

3:

THE CALCULATION OF THE HOSPITAL'S RCC WAS DERIVED FROM WORKSHEET 2 OF THE FORM 990 INSTRUCTIONS.

RATIONALE FOR INCLUDING A PORTION OF BAD DEBT AMOUNTS AS COMMUNITY BENEFIT:

THE HOSPITAL DOES NOT RECEIVE PAYMENTS FOR HEALTHCARE SERVICES PROVIDED TO UNINSURED INDIVIDUALS IN THE MILFORD COMMUNITY. INDIVIDUAL MEMBERS OF THE COMMUNITY ARE BENEFITING FROM GETTING HEALTHCARE SERVICES AT NO COST TO THEM.

PART III, LINE 8: THE HOSPITAL'S COSTS EXCEED REVENUE RECEIVED FROM CMS FOR MEDICARE PATIENTS BY APPROXIMATELY \$10M. THE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT.

PART III, LINE 9B: THE HOSPITAL HAS POLICIES AND PROCEDURES TO ASSIST COLLECTION PERSONNEL IN DETERMINING A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE WHO HAVE NO INSURANCE AND MEET SPECIFIC INCOME THRESHOLDS BASED ON THE POVERTY GUIDELINES.

THE MILFORD HOSPITAL, INC.:

PART V, SECTION B, LINE 3: IN PREPARING THE CHNA, MILFORD HOSPITAL CONSULTED WITH HOLLERAN ASSOCIATES. THE CHNA WAS COMPRISED OF BOTH QUALITATIVE AND QUANTITATIVE RESEARCH COMPONENTS INCLUDING IN DEPTH REVIEW OF THE MILFORD COMMUNITY NEEDS ASSESSMENT CONDUCTED BY THE UNITED WAY OF CONNECTICUT'S COMMUNITY RESULTS CENTER. THIS STUDY WAS COMPRISED OF FOCUS GROUPS, KEY INFORMANT INTERVIEWS, A WEB BASED SURVEY AND SECONDARY DATA. IN ADDITION, A COLLECTION AND ANALYSIS OF ADDITIONAL DATA INCLUDING HEALTH

Part VI Supplemental Information

INDICATORS AND STATISTICS AS REPORTED BY THE CDC AND THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH WAS CONDUCTED.

IN DEVELOPING AN IMPLEMENTATION STRATEGY AND COMMUNITY PLAN, THE HOSPITAL HELD A STRATEGIC PLANNING SESSION WITH THE FOLLOWING COMMUNITY LEADERS AND PROVIDERS:

JOSEPH PELACCIA, MILFORD HOSPITAL, PRESIDENT AND CEO

LAURA SMITH, MILFORD HOSPITAL, VICE PRESIDENT FINANCE AND CFO

DR. LLOYD FRIEDMAN, VICE PRESIDENT MEDICAL AFFAIRS AND COO

KAREN KIPFER, MILFORD HOSPITAL, DIRECTOR OF COMMUNITY RELATIONS

SENATOR GAYLE SLOSSBERG, STATE SENATOR

STEVE FOURNIER, ASSISTANCE MAYOR, CITY OF MILFORD

DR. ELIZABETH FESER, SUPERINTENDENT OF SCHOOLS, CITY OF MILFORD

DR. DENNIS MCBRIDE, DIRECTOR, CITY OF MILFORD HEALTH DEPARTMENT

JOHN A. HARKINS, MAYOR, CITY OF STRATFORD, CT

GARY JOHNSON, UNITED WAY OF MILFORD, PRESIDENT

BARRY KASDAN, PRESIDENT AND CEO, BRIDGES, A COMMUNITY SUPPORT SYSTEM

ROBERT LEWIS, MD, CARDIOVASCULAR PHYSICIANS AND CONSULTANTS, LLC

JOYCE LINDSAY, DIRECTOR, HOME CARE PLUS

ANN MARIE RICKS, MD, SEASIDE OB/GYN OF MILFORD

CALVIN E. ROBINSON, JR., PASTOR, FIRST BAPTIST CHURCH

THE MILFORD HOSPITAL WALK-IN CENTER:

PART V, SECTION B, LINE 3: IN PREPARING THE CHNA, MILFORD HOSPITAL CONSULTED WITH HOLLERAN ASSOCIATES. THE CHNA WAS COMPRISED OF BOTH QUALITATIVE AND QUANTITATIVE RESEARCH COMPONENTS INCLUDING IN DEPTH REVIEW OF THE MILFORD COMMUNITY NEEDS ASSESSMENT CONDUCTED BY THE UNITED WAY OF

Part VI Supplemental Information

CONNECTICUT'S COMMUNITY RESULTS CENTER. THIS STUDY WAS COMPRISED OF FOCUS GROUPS, KEY INFORMANT INTERVIEWS, A WEB BASED SURVEY AND SECONDARY DATA. IN ADDITION, A COLLECTION AND ANALYSIS OF ADDITIONAL DATA INCLUDING HEALTH INDICATORS AND STATISTICS AS REPORTED BY THE CDC AND THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH WAS CONDUCTED.

IN DEVELOPING AN IMPLEMENTATION STRATEGY AND COMMUNITY PLAN, THE HOSPITAL HELD A STRATEGIC PLANNING SESSION WITH THE FOLLOWING COMMUNITY LEADERS AND PROVIDERS:

JOSEPH PELACCIA, MILFORD HOSPITAL, PRESIDENT AND CEO

LAURA SMITH, MILFORD HOSPITAL, VICE PRESIDENT FINANCE AND CFO

DR. LLOYD FRIEDMAN, VICE PRESIDENT MEDICAL AFFAIRS AND COO

KAREN KIPFER, MILFORD HOSPITAL, DIRECTOR OF COMMUNITY RELATIONS

SENATOR GAYLE SLOSSBERG, STATE SENATOR

STEVE FOURNIER, ASSISTANCE MAYOR, CITY OF MILFORD

DR. ELIZABETH FESER, SUPERINTENDENT OF SCHOOLS, CITY OF MILFORD

DR. DENNIS MCBRIDE, DIRECTOR, CITY OF MILFORD HEALTH DEPARTMENT

JOHN A. HARKINS, MAYOR, CITY OF STRATFORD, CT

GARY JOHNSON, UNITED WAY OF MILFORD, PRESIDENT

BARRY KASDAN, PRESIDENT AND CEO, BRIDGES, A COMMUNITY SUPPORT SYSTEM

ROBERT LEWIS, MD, CARDIOVASCULAR PHYSICIANS AND CONSULTANTS, LLC

JOYCE LINDSAY, DIRECTOR, HOME CARE PLUS

ANN MARIE RICKS, MD, SEASIDE OB/GYN OF MILFORD

CALVIN E. ROBINSON, JR., PASTOR, FIRST BAPTIST CHURCH

PART VI, LINE 2: IN ADDITION TO THE 2012 COMMUNITY HEALTH NEEDS

Schedule H (Form 990)

Part VI Supplemental Information

ASSESSMENT, MILFORD HOSPITAL REGULARLY SURVEYS COMMUNITY ORGANIZATIONS, THE SCHOOL SYSTEMS AND LOCAL GOVERNMENT TO ASSESS THE HEALTH AND EDUCATIONAL NEEDS OF THE COMMUNITY.

PART VI, LINE 3: NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED BY THE HOSPITAL IN BOTH ENGLISH AND SPANISH IN THE FOLLOWING LOCATIONS: ADMITTING, EMERGENCY DEPARTMENT, BILLING AND CREDIT COLLECTIONS AND SOCIAL SERVICES.

PART VI, LINE 4: MILFORD HOSPITAL SERVES THE COMMUNITY OF MILFORD, CT AND SEVERAL SURROUNDING COMMUNITIES. MILFORD IS A SMALL CITY OF 52,759 RESIDENTS LOCATED ON LONG ISLAND SOUND. THE ECONOMY IS DIVERSIFIED AND SUPPORTS MANUFACTURING, RETAIL, CORPORATE OFFICE AND SERVICE INDUSTRIES. THE MAJORITY OF THE POPULATION IDENTIFIES THEMSELVES AS WHITE (89.1%), HOWEVER, THE ASIAN AND HISPANIC POPULATIONS HAVE INCREASED RAPIDLY. MILFORD HAS AN OLDER POPULATION (16.3% OVER THE AGE OF 65), HIGHER THAN BOTH THE CONNECTICUT AND NATIONAL AVERAGES. CHILDREN AND YOUTH COMPRISE 20% OF THE POPULATION. THE ECONOMIC INDICATORS ARE MIXED. RESIDENTS HAVE EXPERIENCED FINANCIAL STRESS IN RECENT YEARS. THE SURROUNDING COMMUNITIES HAVE SIMILAR DEMOGRAPHIC PROFILES.

PART VI, LINE 5: MILFORD HOSPITAL IS NOT ONLY THE HEALTHCARE PROVIDER FOR THE COMMUNITY, BUT ALSO A RESOURCE AND A PARTNER TO NUMEROUS COMMUNITY BOARDS, COALITIONS, PROGRAMS AND ORGANIZATIONS. IN ADDITION, THE HOSPITAL PROVIDES EMERGENCY PREPAREDNESS AND DISASTER PLANNING FOR THE HOSPITAL AND THE ENTIRE COMMUNITY WHICH IT SERVES. COMMUNITY HEALTH AND WELLNESS PROGRAMS, HEALTH PROFESSIONAL EDUCATION AND HEALTH PROMOTION ACTIVITIES ARE OFFERED TO THE COMMUNITY THROUGHOUT THE YEAR. IN 2013, OVER 10,000

Schedule H (Form 990)

Part VI Supplemental Information

PERSONS WERE SERVED VIA EDUCATIONAL OFFERINGS AND MORE THAN 100,000 PEOPLE WERE IMPACTED THROUGH HEALTH PROMOTION, EMERGENCY PLANNING AND OTHER ACTIVITIES.

PART VI, LINE 6: N/A

PART VI, LINE 7: MILFORD HOSPITAL FILES A COMMUNITY BENEFIT REPORT TO THE STATE OF CONNECTICUT VIA THE CONNECTICUT HOSPITAL ASSOCIATION (CHA).

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public
Inspection

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number
06-0646741

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILFORD HOSPITAL FOUNDATION VIA M.H. WAYS & MEANS - 300 SEASIDE AVENUE - MILFORD, CT 06460	22-2627350	501(C)(3)	33,425.	0.	BOOK	N/A	CHARITABLE
MILFORD HOSPITAL FOUNDATION VIA M.H. HOSPITALITY SHOP - 300 SEASIDE AVENUE - MILFORD, CT 06460	22-2627350	501(C)(3)	43,000.	0.	BOOK	N/A	CHARITABLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AWARDED TO JUNIOR VOLUNTEERS FOR HIGHER EDUCATION	7	4,250.	0.	BOOK	N/A
SCHOLARSHIPS	2	2,000.	0.	BOOK	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: HOSPITAL ADMINISTRATION MONITORS THE USE OF GRANT FUNDS BY REQUIRING A CAPITAL EQUIPMENT REQUEST (CER) AND A REQUEST FOR PAYMENT BE COMPLETED BEFORE FUNDS ARE RELEASED. ALL CERS MUST BE APPROVED BY THE CEO AND CFO OF THE HOSPITAL. THE REQUEST FOR PAYMENT IS APPROVED BY THE DIRECTOR OF THE FOUNDATION AND THE CFO OF THE HOSPITAL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
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?	5a	X
b	Any related organization?	5b	X
	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?	6a	X
b	Any related organization?	6b	X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH PELACCIA PRESIDENT & CEO	(i) 462,897.	0.	0.	115,093.	7,381.	585,371.	0.
(ii) 58,002.	0.	0.	638.	925.	59,565.	0.	0.
(2) LLOYD FRIEDMAN, MD VP MEDICAL AFFAIRS & COO	(i) 418,985.	0.	0.	130,093.	17,391.	566,469.	0.
(ii) 52,499.	0.	0.	638.	2,179.	55,316.	0.	0.
(3) LAURA SMITH VP FINANCE & CFO	(i) 143,849.	0.	0.	53,743.	15,190.	212,782.	0.
(ii) 26,786.	0.	0.	697.	2,829.	30,312.	0.	0.
(4) ANDREW CHOW HOSPITALIST	(i) 306,427.	0.	0.	6,777.	19,438.	332,642.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) RESUL DALIPI HOSPITALIST	(i) 304,871.	0.	0.	6,736.	15,537.	327,144.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) ANITHA KAMATH CHIEF PATHOLOGIST	(i) 305,909.	0.	0.	6,886.	19,438.	332,233.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) WILLIAM SACKS E.R. PHYSICIAN	(i) 319,549.	0.	0.	6,991.	0.	326,540.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) JOHN SCARFO E.R. PHYSICIAN	(i) 310,233.	0.	0.	6,853.	19,438.	336,524.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 4B: JOSEPH PELACCIA, LAURA SMITH AND LLOYD FRIEDMAN
PARTICIPATED IN A SUPPLEMENTAL RETIREMENT PLAN.

Multiple horizontal lines for supplemental information.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LOUIS D'AMATO	VICE CHAIRMAN	69,229.	THE HOSPITA		X
DR. LLOYD FRIEDMAN	VP MEDICAL AFFAIRS	13,759.	DR. FRIEDMA		X
JOSEPH PELACCIA	PRESIDENT & CEO	0.	JOSEPH PELA		X
SAMUEL BERGAMI, JR.	CHAIRMAN	0.	SAMUEL BERG		X
LOUIS D'AMATO	VICE CHAIRMAN	0.	LOUIS D'AMA		X
JAMES BEARD	DIRECTOR	0.	JAMES BEARD		X
JOSEPH PELACCIA	PRESIDENT & CEO	0.	MARCUM LLP		X
LEO CARROLL	DIRECTOR	0.	LEO CARROLL		X
CAROL MCINNIS	DIRECTOR	0.	CAROL MCINN		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LOUIS D'AMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VICE CHAIRMAN

(C) AMOUNT OF TRANSACTION \$ 69,229.

(D) DESCRIPTION OF TRANSACTION: THE HOSPITAL RENTS STORAGE SPACE OF \$39,229 AND ALSO RENTS I-95 BILLBOARD OF \$30,000 FROM MR. D'AMATO.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DR. LLOYD FRIEDMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VP MEDICAL AFFAIRS & COO

(C) AMOUNT OF TRANSACTION \$ 13,759.

(D) DESCRIPTION OF TRANSACTION: DR. FRIEDMAN IS A SCIENTIFIC ADVISOR AND SHAREHOLDER IN CARDIOPULMONARY CORP. THE HOSPITAL DOES BUSINESS WITH CARDIOPULMONARY CORP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOSEPH PELACCIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Schedule L (Form 990 or 990-EZ) 2012

Part V Supplemental Information

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

PRESIDENT & CEO

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: JOSEPH PELACCIA IS A BOARD MEMBER OF THE MILFORD BANK. THE HOSPITAL DOES BUSINESS WITH MILFORD BANK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SAMUEL BERGAMI, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHAIRMAN

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: SAMUEL BERGAMI, JR. IS A BOARD MEMBER OF THE MILFORD BANK. THE HOSPITAL DOES BUSINESS WITH MILFORD BANK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LOUIS D'AMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VICE CHAIRMAN

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: LOUIS D'AMATO IS A BOARD MEMBER OF THE MILFORD BANK. THE HOSPITAL DOES BUSINESS WITH MILFORD BANK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JAMES BEARD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: JAMES BEARD IS A BOARD MEMBER OF THE MILFORD BANK. THE HOSPITAL DOES BUSINESS WITH MILFORD BANK.

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOSEPH PELACCIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT & CEO

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: MARCUM LLP PROVIDES TAX SERVICES FOR MILFORD HOSPITAL. JOSEPH PELACCIA'S SON IS EMPLOYED BY MARCUM LLP BUT IS NOT INVOLVED IN ANY OF THE MILFORD HOSPITAL TAX WORK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LEO CARROLL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: LEO CARROLL IS A BOARD MEMBER OF THE MILFORD BANK. THE HOSPITAL DOES BUSINESS WITH MILFORD BANK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CAROL MCINNIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: CAROL MCINNIS IS A BOARD MEMBER OF THE MILFORD BANK. THE HOSPITAL DOES BUSINESS WITH MILFORD BANK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPASSION.

AS A COMMUNITY HEALTHCARE PROVIDER, MILFORD HOSPITAL IS COMMITTED TO
REMAINING IN THE FOREFRONT OF THE CLINICAL, TECHNOLOGICAL, AND
ELECTRONIC INFORMATION ADVANCES THAT MAKE THE CONTINUOUS DELIVERY OF
HIGH-QUALITY, COST-EFFECTIVE HEALTHCARE SERVICES POSSIBLE.

MILFORD HOSPITAL RECOGNIZES THAT THE QUALITY OF HUMAN RESOURCES -
STAFF, PHYSICIANS AND VOLUNTEERS - IS THE KEY TO CONTINUED SUCCESS AND
THEREFORE STRIVES TO CREATE AN ENVIRONMENT OF TEAMWORK AND
PARTICIPATION WHERE, THROUGH CONTINUOUS QUALITY IMPROVEMENT AND A FOCUS
ON PATIENT SAFETY, PEOPLE PURSUE EXCELLENCE AND TAKE PRIDE IN THE
QUALITY OF THEIR WORK IN THE ORGANIZATION.

MILFORD HOSPITAL ENGAGES IN A WIDE RANGE OF HEALTH EDUCATIONAL
ACTIVITIES DESIGNED TO MEET THE EDUCATIONAL NEEDS OF PATIENTS, STAFF,
PHYSICIANS AND THE COMMUNITY.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

AS A COMMUNITY HEALTHCARE PROVIDER, MILFORD HOSPITAL IS COMMITTED TO
THOSE WE SERVE, BOTH PATIENTS AND NON-PATIENTS. OUR GOAL IS NOT ONLY
TO PROVIDE QUALITY COMPASSIONATE CARE WHEN AN INDIVIDUAL ENTERS OUR
HEALTHCARE INSTITUTION, BUT ALSO TO PROMOTE AND COMMUNICATE WELLNESS
INFORMATION AND EDUCATION SO THAT FAMILIES IN OUR AREA CAN KEEP FROM
BECOMING ILL AND LEAD HEALTHIER LIVES.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

DURING THE PAST YEAR, OUR SERVICE ACCOMPLISHMENTS IN THE COMMUNITY CONTINUED TO GROW. THE DEPARTMENT OF EDUCATION CONTINUES TO PROVIDE A MONTHLY HEALTH EDUCATION ARTICLE FOR THE MILFORD SENIOR CENTER NEWSLETTER.

A COMMUNITY EDUCATION SCHEDULE IS PUBLISHED AND DISTRIBUTED TWICE A YEAR.

OUR HEALTH EDUCATION PROGRAMS REACHED OVER 10,000 INDIVIDUALS. THE FOLLOWING HEALTH AND WELLNESS PROGRAMS WERE OFFERED AT MILFORD HOSPITAL.

- BRAIN CONNECTIONS - ADHD - AUTISM - LEARNING DISABILITIES
- UNDERSTANDING DIABETES
- WILLS AND ESTATE PLANNING
- END THE WEIGHT
- YOGA
- BELLY DANCING
- WHAT EVERY GIRL WANTS TO KNOW
- WOMEN LIVING WELL - MIND OVER MATTER - WHAT YOUR BODY IS TELLING

YOU

- SMART WEIGH
- DRUM IN THE NEW YEAR
- HEART AND VASCULAR HEALTH
- MEDITATION - "KEEPING IT SIMPLE"
- UNDERSTANDING ACID REFLUX
- WHAT EVERY GIRL WANTS TO KNOW - THE NEXT STEP
- CATARACT UPDATE

Name of the organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
--------------------------------------------------------	----------------------------------------------

- FEMALE INCONTINENCE - PELVIC ORGAN PROLAPSE
- MANAGING BACK PAIN THROUGH NEURORADIOLOGY

CHILDBIRTH EDUCATION:

1. PREPARED CHILDBIRTH CLASSES (LAMAZE)
2. BREASTFEEDING
3. BIG BROTHERS & SISTERS
4. YOUNG PARENT PROGRAM

SCREENING PROGRAMS WERE HELD FOR:

1. BLOOD PRESSURE
2. BLOOD SUGAR (DIABETES)
3. CHOLESTEROL (TOTAL AND HDL)
4. PROSTATE CANCER

WE ALSO PROVIDE THE FOLLOWING SUPPORT GROUPS ON A REGULARLY SCHEDULED BASIS:

- ALZHEIMER'S SUPPORT GROUP
- MULTIPLE SCLEROSIS SUPPORT GROUP
- LUPUS
- BREAST CANCER
- EPILEPSY

MILFORD HOSPITAL OFFERS CORPORATE SCREENINGS TO LOCAL BUSINESSES. THESE WERE PROVIDED AT THEIR PLACE OF BUSINESS AND INCLUDED, CHOLESTEROL, BLOOD PRESSURE, BLOOD SUGAR AND NUTRITIONAL COUNSELING.

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

- MILFORD SENIOR CENTER
- MILFORD POLICE DEPARTMENT
- BIC CORPORATION, MAIN BUILDING
- BIC CORPORATION, BUILDING 5
- THE EDGE - FITNESS CENTER
- REGIONAL WATER AUTHORITY
- DRILL MASTERS

SPECIAL EVENTS AND SERVICES

- THE HOSPITAL PROVIDES LITERACY PROGRAMS: BOOKS FOR BABIES AND BIRTHDAY BOOKS FOR BABIES PROGRAM IN COORDINATION WITH THE LITERACY CENTER OF MILFORD; PROVIDES PREGNANCY EDUCATION FOR BIENNIAL "BABY SHOWER" SPONSORED BY J.C.PENNY CO.; AND, PARTICIPATES IN FUNDRAISERS, COMMUNITY EDUCATION PROGRAMS, AND ANNUAL FAIR FOR KIDS COUNT 12345.

- THE HOSPITAL HOSTS MONTHLY LALECHE MEETING, PROVIDES REFRESHMENTS.

- MILFORD HOSPITAL OFFERS A "WOMEN LIVING WELL" PROGRAM. THIS IS A FREE INFORMATIVE TALK FOR WOMEN ON HEALTH AND WELLNESS ISSUES AND CONCERNS. "WOMEN LIVING WELL" IS AN ANNUAL EVENT.

- MILFORD HOSPITAL PARTICIPATES IN A LOCAL CABLE TALK SHOW "HEALTH FROM THE HILL" AS A GUEST ON HEALTH AND WELLNESS TOPICS.

- MILFORD HOSPITAL SPONSORS AND MAINTAINS A SPEAKERS BUREAU, WHICH PROVIDES PHYSICIANS AND MEMBERS OF THE HOSPITAL STAFF TO SPEAK TO LOCAL COMMUNITY ORGANIZATIONS ON A WIDE VARIETY OF TOPICS AT NO CHARGE.

Name of the organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
--------------------------------------------------------	----------------------------------------------

- MILFORD HOSPITAL HOSTS AN ANNUAL 5K "LIVE WELL" COMMUNITY EVENT.

THIS EVENT HELPS TO SPONSOR MANY OF THE COMMUNITY PROGRAMS AND SCREENINGS OFFERED BY MILFORD HOSPITAL.

- THE VOLUNTEER SERVICES DEPARTMENT SPONSORS RED CROSS BLOOD DRIVES THREE TIMES A YEAR IN THE HOSPITAL AUDITORIUM. THE GENERAL PUBLIC AS WELL AS EMPLOYEES ARE INVITED TO PARTICIPATE.

- IN COMPLIANCE WITH THE CONSENT DECREE REGARDING THE HEARING IMPAIRED, MILFORD HOSPITAL PROVIDES VARIOUS ASSISTED LISTENING DEVICES FOR THE HARD OF HEARING, INTERPRETERS, AND TTY MACHINES FOR THE DEAF, FREE OF CHARGE FOR ANY PATIENT/COMPANION.

- MILFORD HOSPITAL ALSO PROVIDES A LINGUISTIC SERVICE FOR NON-ENGLISH-SPEAKING PATIENTS. IF A LANGUAGE INTERPRETER MUST BE CALLED VIA A SPECIAL PHONE, THE COST OF THE CALL IS ASSUMED BY THE HOSPITAL.

- MILFORD HOSPITAL OFFERS A FREE "PHYSICIAN FINDER" TELEPHONE SERVICE FOR COMMUNITY RESIDENTS NEEDING A DOCTOR, AND PROVIDES A "DIRECTORY OF STAFF PHYSICIANS" WHICH LISTS THEIR SPECIALTY, PHONE NUMBER, AND ADDRESS.

- MILFORD HOSPITAL PROVIDES THE AVAILABILITY OF A BED (ON A TEMPORARY BASIS) FOR ANY DISABLED PERSON LEFT ALONE WHEN THEIR CARETAKER SUFFERS A MEDICAL EMERGENCY. USUALLY PERMANENT PLACEMENT IS FOUND IN THE COMMUNITY WITHIN 24 HOURS.

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

- MILFORD HOSPITAL PROVIDES FREE OFFICE SPACE FOR THE MILFORD YOUNG PARENT PROGRAM AND IN ADDITION, REGISTERED NURSES PARTICIPATE ON THE TEACHING STAFF.

- OUR PHARMACY DEPARTMENT COMMUNICATES WITH AND MAKES AVAILABLE TIME TO MEET WITH RESIDENTS IN OUR HOSPITAL TO REVIEW THEIR PRESCRIPTIONS AND MEDICATIONS. THIS IS DONE DURING NATIONAL PHARMACY WEEK AND IS PROMOTED IN THE LOCAL PAPERS.

- THE HOSPITAL AUDITORIUM IS MADE AVAILABLE TO HEALTH RELATED AND OTHER NOT-FOR-PROFIT COMMUNITY GROUPS IN NEED OF A MEETING ROOM.

- MILFORD HOSPITAL THROUGH ITS VOLUNTEER DEPARTMENT PROVIDES FREE COUNSELING AND MEDICARE/MEDICAID CLAIMS ASSISTANCE BY TRAINED HOSPITAL VOLUNTEERS.

- MILFORD HOSPITAL, THROUGH ITS HUMAN RESOURCE DEPARTMENT PROVIDES THE MILFORD FIRE DEPARTMENT WITH FREE PHOTOS OF THEIR NEW FIREMEN SO THEY CAN MAKE ID BADGES.

- MILFORD HOSPITAL, THROUGH THE DIAGNOSTIC AND TREATMENT CENTER, HAS INITIATED A FREE FOLLOW-UP PROGRAM FOR CONGESTIVE HEART FAILURE PATIENTS TO PROVIDE EDUCATION AND CLINICAL SUPPORT.

- THE HOSPITAL ACCEPTS STUDENTS FOR TRAINING IN REGISTERED NURSING, LICENSED PRACTICAL NURSING, LABORATORY SCIENCES, DIETETIC SERVICES, PUBLIC AND COMMUNITY HEALTH, ENVIRONMENT OF CARE-EMERGENCY PREPAREDNESS

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

AND NURSING ASSISTANT TRAINING.

- THE SOCIAL WORKERS HERE AT THE HOSPITAL PROVIDE ASSISTANCE TO PATIENTS AND THEIR FAMILIES WITH COMPLETION OF TITLE-19 APPLICATIONS, ASSISTANCE WITH CONSERVATOR APPLICATIONS, COMPLETION OF ADVANCED DIRECTIVES AND REFERRALS TO OTHER SOCIAL SERVICE AGENCIES.

- CAB VOUCHERS ARE PROVIDED TO PATIENTS AND FAMILIES THROUGH THE SOCIAL SERVICE DEPARTMENT WHEN OTHER FORMS OF TRANSPORTATION ARE NOT AVAILABLE. THE HOSPITAL HAS ALSO COVERED THE COST OF AMBULANCE TRANSPORTATION FOR UNINSURED TITLE-19 PATIENTS GOING TO DMHAS FACILITIES. SOCIAL SERVICE ALSO MAINTAINS A FUND TO PROVIDE ASSISTANCE TO PATIENTS AS NEEDED; I.E., COVER COST OF PRESCRIPTIONS, TRANSPORTATION ETC.

- THE HOSPITAL PREPARED 958 SANDWICHES AND 9,778 MEALS FOR "MEALS ON WHEELS" FOR AREA RESIDENTS UNABLE TO COOK MEALS FOR THEMSELVES DUE TO THEIR PHYSICAL CONDITION.

- OUR STAFF MEMBERS ALSO HELP OUR COMMUNITY IN MANY DIFFERENT WAYS. THE HOSPITAL COVERS THE COSTS OF STAFF THAT SPEAK AT VARIOUS COMMUNITY ORGANIZATIONS, SCHOOL GROUPS, SCOUTING CLASSES, DAY CARE CENTERS, SENIOR CENTER, ETC. STAFF MEMBERS ALSO RESPOND TO REQUESTS AND QUESTIONS FROM PEOPLE IN THE COMMUNITY AND PROVIDE ASSISTANCE TO STUDENTS WITH SCHOOL PROJECTS.

MILFORD HOSPITAL SPONSORS AND MAINTAINS A SPEAKERS BUREAU, WHICH PROVIDES PHYSICIANS AND MEMBERS OF THE HOSPITAL STAFF TO SPEAK TO LOCAL

Name of the organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
---------------------------------------------------------------	-----------------------------------------------------

COMMUNITY ORGANIZATIONS AND SCHOOLS ON A WIDE VARIETY OF TOPICS AT NO CHARGE.

THESE INCLUDE:

- MILFORD SENIOR CENTER - EMBRACING WELLNESS
- PLATT TECH HIGH SCHOOL - MEDICAL GRADUATION COMMENCEMENT SPEAKER
- BOYS AND GIRLS VILLAGE HEART HEALTH FOR PARENTS (INCLUDING BLOOD PRESSURES)
- SAINT MARY'S CHURCH - SPEAKERS' BUREAU
- BIC - LUNCH AND LEARN - SIMPLE SANITY SECRETS
- BIC - LUNCH AND LEARN
- HOME CARE PLUS - IN-SERVICE "TEAMS"
- DISCOVERY MUSEUM - SMOKING EDUCATION

MILFORD HOSPITAL STRONGLY SUPPORTS THE MILFORD UNITED WAY CAMPAIGN.

STAFF PARTICIPATION INCLUDES SERVING ON:

- THE BOARD OF DIRECTORS
- CAMPAIGN CABINET
- MARKETING SUB COMMITTEE
- BUDGET REVIEW AND ALLOCATIONS COMMITTEE
- WOMAN WITH UNITED VISION

MANY MEMBERS OF OUR STAFF HAVE PROFESSIONAL AFFILIATIONS WITH OTHER ORGANIZATIONS OR GROUPS, WHICH HELP OUR COMMUNITIES, MANAGE AND IMPROVE THEIR HEALTH RELATED CARE. ALL OF THE FOLLOWING ORGANIZATIONS HAVE ONE OR MORE OF MILFORD HOSPITAL EMPLOYEES ON THEIR BOARDS:

Name of the organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
--------------------------------------------------------	----------------------------------------------

- CONNECTICUT TUBERCULOSIS ADVISORY COMMITTEE
- CONNECTICUT ASSOCIATION OF RESPIRATORY CARE
- AMERICAN LUNG ASSOCIATION
- NEW HAVEN TUBERCULOSIS COALITION
- AMERICAN HEART ASSOCIATION
- MILFORD BOARD MEMBER
- MILFORD CHAMBER OF COMMERCE
- BOARD MEMBER
- LEGISLATION ACTION COMMITTEE
- HEALTHCARE HUMAN RESOURCES ASSOCIATION
- MILFORD - ORANGE YMCA
- CONNECTICUT YANKEE COUNCIL - BOY SCOUTS OF AMERICA
- CONNECTICUT LEAGUE FOR NURSING
- CONNECTICUT ORGANIZATION FOR NURSE EXECUTIVES
- STATE REGIONAL PSYCHIATRIC COMMITTEE
- CATCHMENT AREA COUNCIL - PSYCHIATRIC
- AMERICAN CANCER SOCIETY
- KIDS COUNT 12345
- YOUNG PARENT PROGRAM
- AMERICAN RED CROSS
- ALZHEIMER'S ASSOCIATION
- SOCIAL SERVICE NETWORK OF MILFORD
- RAPE CRISIS CENTER
- FREE CARE FOR THE INDIGENT
- UNITED WAY OF MILFORD
- MILFORD MAYORS YOUTH FORUM
- MILFORD PREVENTION COUNCIL

Name of the organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
--------------------------------------------------------	----------------------------------------------

IN ADDITION, MILFORD HOSPITAL TREATED:

- 3,345 PATIENTS ON AN INPATIENT BASIS
- 33,381 PATIENTS THROUGH THE EMERGENCY DEPARTMENT/WALK-IN CENTER
- 1,567 PATIENTS IN OUR AMBULATORY SURGERY SUITE

WE BELIEVE THAT THIS REPORT INDICATES A STRONG COMMITMENT BY MILFORD HOSPITAL AND ITS STAFF TO THE WELL-BEING OF THE COMMUNITIES WE SERVE. THE FUTURE OF HOSPITAL HEALTH CARE DEPENDS AS MUCH ON THE SUCCESSFUL PREVENTION OF ILLNESS AS DOES THE TREATMENT.

OUR INVESTMENT IN COMMUNITY EDUCATION, SPECIAL OUTREACH PROGRAMS, HEALTHCARE SEMINARS, AND MEMBERSHIPS IN INDEPENDENT HEALTH ORGANIZATIONS, ALL CONTRIBUTE TOWARD THE OVERALL WELFARE OF OUR CITIZENRY.

FORM 990, PART VI, SECTION B, LINE 11: IN ADDITION TO A REVIEW OF FORM 990 BY MANAGEMENT OF THE MILFORD HOSPITAL, THE RETURN IS REVIEWED BY THE CFO / VICE PRESIDENT OF FINANCE ON BEHALF OF THE BOARD OF DIRECTORS. THE RETURN IS THEN MADE AVAILABLE VIA OFFICE OUTLOOK WEB ACCESS TO EACH BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST STATEMENTS ARE SENT TO OFFICERS, DIRECTORS, AND KEY EMPLOYEES ANNUALLY. THE COMPLETED STATEMENTS ARE REVIEWED BY THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 15: BOARD OF DIRECTORS APPROVES COMPENSATION OF OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT

Name of the organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
---------------------------------------------------------------	-----------------------------------------------------

OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE KEPT IN THE PRESIDENT'S OFFICE AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PASSTHROUGH INCOME FROM CT HOSPITAL LAB NETWORK, LLC	-885.
PASSTHROUGH INCOME FROM HEALTH CONNECTICUT, LLC	2,701.
CHANGE IN PENSION FUND OBLIGATION	12,309,985.
TRANSFER TO AN AFFILIATE	-2,203,402.
CHANGE IN EQUITY INTEREST IN MILFORD HOSPITAL FOUNDATION	105,069.
TOTAL TO FORM 990, PART XI, LINE 9	10,213,468.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS HAS DELEGATED ITS OVERSIGHT RESPONSIBILITY OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS TO THE FINANCE, INSURANCE AND PENSION COMMITTEE.

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

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or	
File by the due date for filing your return. See instructions.	THE MILFORD HOSPITAL, INC.	06-0646741	
	Number, street, and room or suite no. If a P.O. box, see instructions. 300 SEASIDE AVENUE	Social security number (SSN)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILFORD, CT 06460		

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOSEPH PELACCIA

- The books are in the care of **300 SEASIDE AVENUE - MILFORD, CT 06460**
Telephone No. **203-876-4230** FAX No. **(203)876-4637**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2014**

5 For calendar year _____ , or other tax year beginning **OCT 1, 2012** , and ending **SEP 30, 2013**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CFO/VP OF FINANCE** Date

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning OCT 1, 2012, and ending SEP 30, 2013

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

THE MILFORD HOSPITAL, INC.

06-0646741

Name and title of officer

**LAURA SMITH
CFO/VP OF FINANCE**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>199708196</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARCUM LLP to enter my PIN 46741
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

06411606103
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

The Milford Hospital, Incorporated

Balance Sheets

	September 30	
	2013	2012
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,665,016	\$ 404,540
Short-term investments	110,612	225,160
Patient accounts receivable, less allowance for uncollectible accounts of approximately \$4,094,067 in 2013 and \$4,369,345 in 2012	9,618,035	12,293,728
Inventories	887,860	861,132
Prepaid expenses and other	1,727,752	1,443,580
Insured claims receivable	814,691	939,962
Total current assets	<u>14,823,966</u>	<u>16,168,102</u>
Investments	4,482,913	12,311,143
Assets limited as to use	1,580,001	1,681,166
Property, plant, and equipment:		
Land and improvements	1,434,340	1,427,341
Building and improvements	36,853,457	38,197,439
Equipment	33,530,177	32,734,508
Construction-in-progress	-	-
	<u>71,817,974</u>	<u>72,359,288</u>
Less accumulated depreciation	<u>(49,926,468)</u>	<u>(48,777,136)</u>
	21,891,506	23,582,152
Beneficial interest in Milford Hospital Foundation, Inc.	894,273	789,204
Due from affiliates	348,164	654,070
Insured claims receivable, net of current portion	4,086,302	3,038,843
	<u>5,328,739</u>	<u>4,482,117</u>
Total assets	<u>\$ 48,107,125</u>	<u>\$ 58,224,680</u>

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

	September 30	
	2013	2012
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 5,318,753	\$ 4,350,123
Accrued employee compensation	6,870,249	6,702,468
Other accrued liabilities	1,871,366	2,359,227
Due to affiliates	40,705	11,500
Due to third-party reimbursement agencies	1,691,606	895,803
Current portion of note payable to bank	-	935,367
Insured claims liabilities	814,691	939,962
Total current liabilities	<u>16,607,370</u>	<u>16,194,450</u>
Note payable to bank, less current portion	-	-
Insured claims liabilities, net of current portion	4,086,302	3,038,843
Accrued pension and other liabilities	19,096,320	31,720,924
Total liabilities	<u>39,789,992</u>	<u>50,954,217</u>
Net assets:		
Unrestricted	6,868,860	5,927,259
Temporarily restricted	774,510	669,441
Permanently restricted	673,763	673,763
Total net assets	<u>8,317,133</u>	<u>7,270,463</u>
Total liabilities and net assets	<u>\$ 48,107,125</u>	<u>\$ 58,224,680</u>

See accompanying notes.

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

The Milford Hospital, Incorporated

Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2013	2012
Operating revenues:		
Net revenues from services to patients (net of contractual allowances and discounts)	\$ 75,981,241	\$ 82,088,250
Provision for uncollectible accounts	<u>(6,456,481)</u>	<u>(7,028,914)</u>
Net revenues from services to patients less provision for uncollectible accounts	69,524,760	75,059,336
Other operating revenues	<u>1,828,000</u>	<u>2,505,143</u>
	<u>71,352,760</u>	<u>77,564,479</u>
Operating expenses:		
Salaries and wages	37,819,070	37,965,219
Employee benefits	12,180,524	14,538,699
Supplies and other	25,921,739	25,890,496
Depreciation (including impairment loss on long lived assets)	4,449,941	2,796,910
Interest	<u>34,936</u>	<u>102,151</u>
	<u>80,406,210</u>	<u>81,293,475</u>
Operating loss	<u>(9,053,450)</u>	<u>(3,728,996)</u>
Nonoperating income:		
Investment income, net	<u>642,072</u>	<u>1,939,764</u>
Deficiency of revenues over expenses before change in unrealized gains and losses on investments	<u>(8,411,378)</u>	<u>(1,789,232)</u>
Change in unrealized gains and losses on investments	<u>(736,830)</u>	<u>3,465</u>
Deficiency of revenues over expenses	<u>(9,148,208)</u>	<u>(1,785,767)</u>

Continued on next page.

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

The Milford Hospital, Incorporated

Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2013	2012
Unrestricted net assets:		
Deficiency of revenues over expenses (continued)	\$ (9,148,208)	\$ (1,785,767)
Net assets released from restrictions for capital	(16,774)	56,089
Net asset transfers to Milford Health and Medical, Inc.	(2,203,402)	(711,414)
Change in net assets related to pension plan liability to be recognized in future periods	12,309,985	(11,309,559)
Pension curtailment gain	-	5,482,615
Increase (decrease) in unrestricted net assets	<u>941,601</u>	<u>(8,268,036)</u>
Temporarily restricted net assets:		
Net assets released from restrictions for capital	16,774	(56,089)
Change in investment value	(16,774)	56,089
Change in beneficial interest of Milford Hospital Foundation, Inc.	105,069	43,280
Increase (decrease) in temporarily restricted net assets	<u>105,069</u>	<u>43,280</u>
Permanently restricted net assets:		
Restricted gifts	-	-
Change in beneficial interest of Milford Hospital Foundation, Inc.	-	-
Increase in permanently restricted net assets	<u>-</u>	<u>-</u>
Increase (decrease) in net assets	<u>1,046,670</u>	<u>(8,224,756)</u>
Net assets at beginning of year	<u>7,270,463</u>	<u>15,495,219</u>
Net assets at end of year	<u>\$ 8,317,133</u>	<u>\$ 7,270,463</u>

See accompanying notes.

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY