

MILFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.		
	AFFILIATE NAME	MILFORD HEALTH & MEDICAL, INC.
1	Affiliate Description	MANAGEMENT - PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	300 SEASIDE AVENUE
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Jospeh Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
B.		
	AFFILIATE NAME	HOME CARE PLUS, INC.
1	Affiliate Description	HOME HEALTH CARE: SKILLED NURSING, HOME HEALTH AIDE AND VARIOUS THERAPIES
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	309 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	309 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
C.		
	AFFILIATE NAME	MILFORD HEALTHCARE SERVICES, INC.
1	Affiliate Description	INCREASE AND COORDINATE HEALTH CARE SERVICES IN COMMUNITY
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	300 SEASIDE AVENUE
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
D.	AFFILIATE NAME	MILFORD HOSPITAL FOUNDATION
1	Affiliate Description	FUND RAISING FOR MILFORD HOSPITAL
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	300 SEASIDE AVENUE
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
E.	AFFILIATE NAME	MILFORD MEDICAL LAB, INC.
1	Affiliate Description	MEDICAL LABORATORY
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	2068 Bridgeport Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Ave
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
F.	AFFILIATE NAME	SBAC, LLC
1	Affiliate Description	Aesthetic care, dematology and cosmetic surgery services
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
G. AFFILIATE NAME SBDI ASSOCIATES LLC		
1	Affiliate Description	Leasing Company
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
H. AFFILIATE NAME SBDI HOLDING LLC		
1	Affiliate Description	Leasing Company
2	Affiliate type of service	Imaging Equipment
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
I. AFFILIATE NAME SEABRIDGE CORPORATION		
1	Affiliate Description	HEALTHCARE: Parent of Milford Medical Lab and partner in S.B.D.I. and SBAC LLC

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	300 SEASIDE AVENUE
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
J.	AFFILIATE NAME	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.
1	Affiliate Description	Company's activities are the direct insurance of the hospital's professional and comprehensive general liability risk together with the physician liability risks of certain of the hospital's affiliated physicians.
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Cayman Islands
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	CEO
10	CT Agent Name	Joesph Pelaccia
11	CT Agent Company	Milford Health and Medical
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
K.	AFFILIATE NAME	TORRY CORPORATION
1	Affiliate Description	HEALTHCARE PROPERTY MANAGEMENT. TORRY CORPORATION OWNS VARIOUS PROPERTIES THAT ARE LOCATIONS FOR THE HOSPITAL'S WALK-IN CENTER, AFFILIATED CORPORATIONS AND COMMUNITY PHYSICIAN OFFICES.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
A . MILFORD HOSPITAL			
1		Unrestricted	(\$2,536,448)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$840,476
4		Permanently Restricted by Donor	\$673,763
5		Intercompany Eliminations	\$0
		Total:	(\$1,022,209)
B . MILFORD HEALTH & MEDICAL, INC.			
1		Unrestricted	\$11,106,848
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$2,345,264)
		Total:	\$8,761,584
C . HOME CARE PLUS, INC.			
1		Unrestricted	\$782,585
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$782,585
D . MILFORD HEALTHCARE SERVICES, INC.			
1		Unrestricted	(\$758,975)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$758,975)
E . MILFORD HOSPITAL FOUNDATION			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$840,476
4		Permanently Restricted by Donor	\$119,763
5		Intercompany Eliminations	\$0
		Total:	\$960,239
F . MILFORD MEDICAL LAB, INC.			
1		Unrestricted	(\$10,119,309)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$10,119,309)
G . SBAC, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
H.	SBDI ASSOCIATES LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
I.	SBDI HOLDING LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J.	SEABRIDGE CORPORATION		
1		Unrestricted	\$241,014
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$241,014
K.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.		
1		Unrestricted	\$1,470,218
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,470,218
L.	TORRY CORPORATION		
1		Unrestricted	\$6,328,539
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,328,539
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$8,988,950
	Intercompany Eliminations		(\$2,345,264)
	Total of all Affiliates	Fund Balance:	\$6,643,686

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. MILFORD HEALTH & MEDICAL, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$21,053)
1		Transfer of Funds	09/30/2014	(\$926,624)
2		Malpractice Payments	09/30/2014	(\$326,057)
3		Employee Benefits	09/30/2014	\$13,151
4		Salary	09/30/2014	\$45,077
5		Bank Fee	09/30/2014	\$50
6		Cash Payments	09/30/2014	\$1,225,159
7		Legal Expenses	09/30/2014	\$21,053
8		Expense transfer	09/30/2014	\$31,552
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$62,308
B. HOME CARE PLUS, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$37,900
1		Transfer of Funds	09/30/2014	(\$25,775)
2		Employee Benefits	09/30/2014	\$13,154
3		Salary	09/30/2014	\$32,222
4		Cash Payments	09/30/2014	(\$37,771)
5		Cleaning Services	09/30/2014	\$7,339
6		Expense transfer	09/30/2014	\$18,561
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$45,630
C. MILFORD HEALTHCARE SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,400
1		Transfer of Funds	09/30/2014	(\$1,684)
2		Employee Benefits	09/30/2014	\$386
3		Salary	09/30/2014	\$1,206
4		Bank Fee	09/30/2014	\$50
5		Expense transfer	09/30/2014	\$92
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,450
D. MILFORD HOSPITAL FOUNDATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$5,636)
1		Transfer of Funds	09/30/2014	(\$51,232)
2		Employee Benefits	09/30/2014	\$9,970
3		Salary	09/30/2014	\$29,727

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
4		Bank Fee	09/30/2014	\$50
5		Cash Payments	09/30/2014	(\$11,648)
6		Expense transfer	09/30/2014	\$45,662
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$16,893
E. MILFORD MEDICAL LAB, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$248,204
1		Employee Benefits	09/30/2014	\$214,533
2		Salary	09/30/2014	\$683,572
3		Sales/Purchases of Services	09/30/2014	(\$43,979)
4		Cash Payments	09/30/2014	(\$678,086)
5		Lab Fees	09/30/2014	\$533,473
6		Driver	09/30/2014	\$20,136
7		Bad Debt Provision	09/30/2014	(\$719,651)
8		Expense transfer	09/30/2014	\$49,788
9		Transfer of Funds	09/30/2014	(\$48,725)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$259,265
F. SBAC, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
G. SBDI ASSOCIATES LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Employee Benefits	09/30/2014	\$468
2		Salary	09/30/2014	\$1,462
3		Transfer of Funds	09/30/2014	(\$1,930)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
H. SBDI HOLDING LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
I. SEABRIDGE CORPORATION				

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$47,656
1		Transfer of Funds	09/30/2014	(\$9,894)
2		Employee Benefits	09/30/2014	\$4,643
3		Salary	09/30/2014	\$15,168
4		Bank Fee	09/30/2014	\$150
5		Expense transfer	09/30/2014	\$7,621
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$65,344
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Employee Benefits	09/30/2014	\$21,669
2		Salary	09/30/2014	\$67,715
3		Expense transfer	09/30/2014	\$103,338
4		Transfer of Funds	09/30/2014	(\$192,722)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
K.	TORRY CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$14,016)
1		Employee Benefits	09/30/2014	\$21,110
2		Rent	09/30/2014	(\$104,530)
3		Salary	09/30/2014	\$70,600
4		Bank Fee	09/30/2014	\$300
5		Cash Payments	09/30/2014	\$553
6		Repairs & Maintenance Expenses	09/30/2014	\$2,518
7		Insurance	09/30/2014	\$8,245
8		Legal Expenses	09/30/2014	\$7,896
9		Expense transfer	09/30/2014	\$45,091
10		Transfer of Funds	09/30/2014	(\$69,585)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$31,818)
			Grand Total:	\$419,072

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2013	\$12,545,366
A.	MILFORD HEALTH & MEDICAL, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
B.	HOME CARE PLUS, INC.				
1		TORRY CORPORATION	Rent	09/30/2014	\$31,800
			Total:	9/30/2014	\$31,800
C.	MILFORD HEALTHCARE SERVICES, INC.				
1		MILFORD HEALTH & MEDICAL, INC.	Interest	09/30/2014	\$11,259
			Total:	9/30/2014	\$11,259
D.	MILFORD HOSPITAL FOUNDATION				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
E.	MILFORD MEDICAL LAB, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	SBAC, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	SBDI ASSOCIATES LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
H.	SBDI HOLDING LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
I.	SEABRIDGE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
K.	TORRY CORPORATION				
			Nothing to Report		\$0

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2014	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$12,588,425

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. MILFORD HEALTH & MEDICAL, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. HOME CARE PLUS, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. MILFORD HEALTHCARE SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. MILFORD HOSPITAL FOUNDATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. MILFORD MEDICAL LAB, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. SBAC, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. SBDI ASSOCIATES LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H. SBDI HOLDING LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
I. SEABRIDGE CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
J. SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
K. TORRY CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	MILFORD HEALTH & MEDICAL, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	HOME CARE PLUS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	MILFORD HEALTHCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	MILFORD HOSPITAL FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	MILFORD MEDICAL LAB, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	SBAC, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	SBDI ASSOCIATES LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	SBDI HOLDING LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	SEABRIDGE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	TORRY CORPORATION		
0	Nothing to Report	\$0	0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1. Number of Applications for Hospital Bed Funds		0
Grand Total		\$0.00

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

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	10.95%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A Collection Agent		
1	Collection Agent Name	Marcarelli-Naizby Law Firm
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	24.78%
B Collection Agent		
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.49%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President	\$498,203	\$376,878	\$875,081
2.	PHYSICIAN CHIEF OPERATING OFFICER	\$454,813	\$369,219	\$824,032
3.	House Physician	\$328,207	\$45,688	\$373,895
4.	Pathologist	\$324,330	\$45,236	\$369,566
5.	House Physician	\$316,936	\$40,921	\$357,857
6.	House Physician	\$306,533	\$40,289	\$346,822
7.	House Physician	\$242,368	\$43,853	\$286,221
8.	E.R. Physician	\$236,852	\$37,870	\$274,722
9.	House Physician	\$228,519	\$38,673	\$267,192
10.	E.R. Physician	\$212,429	\$34,316	\$246,745
	Grand Total:	\$3,149,190	\$1,072,943	\$4,222,133

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . MILFORD HEALTH & MEDICAL, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$45,577	\$13,151	\$58,728
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . HOME CARE PLUS, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$39,561	\$13,154	\$52,715
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . MILFORD HEALTHCARE SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,206	\$386	\$1,592
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . MILFORD HOSPITAL FOUNDATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$29,727	\$9,970	\$39,697
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . MILFORD MEDICAL LAB, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$698,858	\$219,383	\$918,241
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . SBAC, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . SBDI ASSOCIATES LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,462	\$468	\$1,930
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . SBDI HOLDING LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . SEABRIDGE CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$15,168	\$4,643	\$19,811
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$67,715	\$21,669	\$89,384
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . TORRY CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$73,118	\$21,110	\$94,228
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

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

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

MILFORD HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	512	1,024	512	100%
2.	Number of Approved Applicants	123	271	148	120%
3.	Total Charges (A)	\$643,601	\$579,794	(\$63,807)	-10%
	Average Charges	\$5,233	\$2,139	(\$3,093)	-59%
4.	Ratio of Cost to Charges (RCC)	0.472501	0.408005	(0.064496)	-14%
	Total Cost	\$304,102	\$236,559	(\$67,543)	-22%
	Average Cost	\$2,472	\$873	(\$1,599)	-65%
5.	Charity Care - Inpatient Charges	\$424,743	\$216,130	(\$208,613)	-49%
6.	Charity Care - Outpatient Emergency Department Charges	113,004	286,685	173,681	154%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	105,854	76,979	(28,875)	-27%
	Total Charges (A)	\$643,601	\$579,794	(\$63,807)	-10%
8.	Charity Care - Number of Patient Days	75	161	86	115%
9.	Charity Care - Number of Discharges	24	27	3	13%
10.	Charity Care - Number of Outpatient ED Visits	76	198	122	161%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	15	52	37	247%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

MILFORD HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>