

MARCUM

ACCOUNTANTS ▲ ADVISORS

AUGUST 14, 2015

LAURA SMITH
THE MILFORD HOSPITAL, INC.
300 SEASIDE AVENUE
MILFORD, CT 06460

DEAR LAURA:

ENCLOSED ARE THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 17, 2015.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 17, 2015.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

CONNECTICUT FORM CT-990T RETURN:

MAIL TO - DEPARTMENT OF REVENUE SERVICES
STATE OF CONNECTICUT
PO BOX 5014
HARTFORD, CT 06102-5014

PLEASE SIGN AND MAIL FORM CT-990T ON OR BEFORE AUGUST 17, 2015.

NO PAYMENT IS REQUIRED.



MARCUMGROUP
MEMBER

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

TAX OR PROFESSIONAL ADVICE CONTAINED IN OR ACCOMPANYING THIS DOCUMENT, UNLESS OTHERWISE SPECIFICALLY STATED, IS NOT INTENDED OR WRITTEN TO BE USED, AND CANNOT BE USED, FOR THE PURPOSE OF (I) AVOIDING PENALTIES UNDER THE INTERNAL REVENUE CODE, OR (II) PROMOTING, MARKETING, OR RECOMMENDING TO ANOTHER PARTY ANY TRANSACTION OR MATTER THAT IS CONTAINED IN OR ACCOMPANYING THIS DOCUMENT. IN ADDITION, UNLESS OTHERWISE SPECIFICALLY STATED, ANY ADVICE PROVIDED SHALL NOT BE DEEMED A FORMAL TAX OPINION UPON WHICH THE ADDRESSEE CAN RELY.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

DOUGLAS J FARRINGTON
MARCUM LLP

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

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>200,919,203.</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 2013 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 2013 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 2013 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 2013 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**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

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.		D Employer identification number 06-0646741
	Doing Business As		E Telephone number (203) 876-4000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code MILFORD, CT 06460		G Gross receipts \$ 204,319,446.
F Name and address of principal officer: LAURA SMITH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.MILFORDHOSPITAL.ORG		H(c) Group exemption number ▶	
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

Activities & Governance	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)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	793
	6 Total number of volunteers (estimate if necessary)	6	298
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,647,212.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,786.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	306,145.	5,720.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	196,473,067.	198,736,085.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	919,106.	680,930.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,631,323.	1,496,468.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	199,329,641.	200,919,203.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	85,946.	76,200.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	53,760,794.	46,643,509.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	153,563,831.	161,045,211.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,410,571.	207,764,920.
19 Revenue less expenses. Subtract line 18 from line 12	-8,080,930.	-6,845,717.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	48,484,725.	47,049,222.
	22 Net assets or fund balances. Subtract line 21 from line 20	39,769,991.	47,964,274.
		8,714,734.	-915,052.

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	Date			
	LAURA SMITH, CFO/VP OF FINANCE				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DOUGLAS FARRINGTON				P00370668
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323		Phone no. 860-760-0600	
Firm's address ▶ CITY PLACE II 185 ASYLUM STREET		HARTFORD, CT 06103			

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 or note to any line 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 \$ 198,699,239. including grants of \$ 76,200.) (Revenue \$ 199,589,080.) 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 198,699,239.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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
b 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?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 or note to any line 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.		
	19		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	18		
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
7b	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:		
8a	The governing body?	X	
8b	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
10b	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	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	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
16b	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 or note to any line 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 such persons.

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

(A) Name and Title	(B) Average hours per week (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) MICHAEL SAFFER, ESQ. SECRETARY	1.00 0.30	X		X				0.	0.	0.
(4) STEPHEN E. RONAI, ESQ. SECRETARY	1.00 0.30	X		X				0.	0.	0.
(5) RICHARD MEISENHEIMER TREASURER	1.00 0.30	X		X				0.	0.	0.
(6) JOSEPH PELACCIA PRESIDENT & CEO	41.60 5.20	X		X				511,837.	59,999.	122,344.
(7) JAMES BEARD DIRECTOR	1.00 0.30	X						0.	0.	0.
(8) NANCY BENNETT DIRECTOR	1.00 0.30	X						0.	0.	0.
(9) ARMAND CANTAFIO DIRECTOR	1.00 0.30	X						0.	0.	0.
(10) LEO CARROLL, ESQ. DIRECTOR	1.00 0.30	X						0.	0.	0.
(11) BRADFORD GESLER DIRECTOR	1.00 0.30	X						0.	0.	0.
(12) ANN LOESCH DIRECTOR	0.20 0.10	X						0.	0.	0.
(13) CAROL MCINNIS DIRECTOR	0.20 0.10	X						0.	0.	0.
(14) LEN NAPOLI, JR. DIRECTOR	1.00 0.30	X						0.	0.	0.
(15) RAYMOND S. OLIVER DIRECTOR	0.20 0.10	X						0.	0.	0.
(16) GARY OPIN, DMD DIRECTOR	0.20 0.10	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) CHARLES GUGLIN, MD DIRECTOR / MEDICAL STAFF PRESIDENT	1.00 0.30	X						0.	0.	0.
(19) RITA CANAS DIRECTOR / AUXILIARY CO-PRESIDENT	0.20 0.10	X						0.	0.	0.
(20) PATRICIA CUCUZZA DIRECTOR / AUXILIARY CO-PRESIDENT	0.20 0.10	X						0.	0.	0.
(21) CONNIE MILLER DIRECTOR / AUXILIARY CO-PRESIDENT	0.20 0.10	X						0.	0.	0.
(22) SANDRA VIGILIO DIRECTOR / AUXILIARY CO-PRESIDENT	0.20 0.10	X						0.	0.	0.
(23) LLOYD FRIEDMAN, MD VP MEDICAL AFFAIRS & COO	33.30 4.20			X				463,836.	54,360.	125,887.
(24) LAURA SMITH VP FINANCE & CFO	36.30 5.30			X				148,687.	21,534.	59,267.
(25) MICHAEL BLOCH E.R. PHYSICIAN	45.20					X		340,753.	0.	25,419.
(26) ANDREW CHOW HOSPITALIST	58.20					X		323,436.	0.	27,890.
1b Sub-total								1,788,549.	135,893.	360,807.
c Total from continuation sheets to Part VII, Section A								940,642.	0.	59,609.
d Total (add lines 1b and 1c)								2,729,191.	135,893.	420,416.

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

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- 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
- 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
- 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

	Yes	No
3		X
4	X	
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
SODEXO OPERATIONS, LLC P.O. BOX 360170, PITTSBURGH, PA 15251	FOOD SERVICE	702,803.
AFTERCARE PHYSICAL THERAPY SERVICES 4154 MADISON AVE., TRUMBULL, CT 06611	THERAPY SERVICES	702,699.
ACCELECARE WOUND CENTER, INC. P.O. BOX 671242, DALLAS, TX 75267	WOUND SERVICES	363,856.
AMERICAN RED CROSS P.O. BOX 33093, NEWARK, NJ 07188	PROCESS BLOOD	362,475.
CORNERSTONE ADVISOR'S GROUP LLC P.O. BOX 569, GEORGETOWN, CT 06829	MEDICATION RECONCILIATION SVCS	251,139.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 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	5,720.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			5,720.			
	Program Service Revenue	2 a SPECIAL SERVICES	Business Code	621500	145,989,509.	143,549,597.	2,439,912.
b ROUTINE SERVICES			624100	50,594,580.	50,594,580.		
c OTHER SERVICES			541610	2,151,996.		2,151,996.	
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				198,736,085.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			333,801.		333,801.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	9,350.				
		(ii) Personal					
		b Less: rental expenses	5,694.				
		c Rental income or (loss)	3,656.				
	d Net rental income or (loss)			3,656.		3,656.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,642,375.				
		(ii) Other	21,157.				
		b Less: cost or other basis and sales expenses	3,295,119.				
		c Gain or (loss)	347,256.				
	d Net gain or (loss)			347,129.		347,129.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	48,409.				
		b Less: direct expenses	10,133.				
c Net income or (loss) from fundraising events				38,276.		38,276.	
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	109,984.					
	b Less: cost of goods sold	68,013.					
	c Net income or (loss) from sales of inventory			41,971.		41,971.	
Miscellaneous Revenue		Business Code					
11 a MEANINGFUL USE INCOME		900099	852,995.	852,995.			
	b CAFETERIA REVENUE	722210	183,813.			183,813.	
	c PHARMACY SALES	446110	183,449.			183,449.	
	d All other revenue	541610	192,308.		55,304.	137,004.	
	e Total. Add lines 11a-11d			1,412,565.			
12 Total revenue. See instructions.			200,919,203.	194,997,172.	4,647,212.	1,269,099.	

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 or note to any line 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	71,200.	71,200.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	5,000.	5,000.		
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	1,879,381.	810,967.	1,068,414.	
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	34,857,249.	31,660,992.	3,196,257.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	860,623.	860,623.		
9 Other employee benefits	6,491,806.	5,861,504.	630,302.	
10 Payroll taxes	2,554,450.	2,237,286.	317,164.	
11 Fees for services (non-employees):				
a Management	5,281.		5,281.	
b Legal	274,252.		274,252.	
c Accounting	238,154.		238,154.	
d Lobbying	25,362.		25,362.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,447.		1,447.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,392,599.	5,215,657.	1,176,942.	
12 Advertising and promotion	99,014.	278.	98,736.	
13 Office expenses	1,109,619.	922,126.	187,493.	
14 Information technology	373,156.	69,388.	303,768.	
15 Royalties				
16 Occupancy	1,901,722.	1,780,072.	121,650.	
17 Travel	28,015.	10,166.	17,849.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,520.	16,785.	735.	
20 Interest	26,961.		26,961.	
21 Payments to affiliates	104,531.	90,726.	13,805.	
22 Depreciation, depletion, and amortization	2,687,423.	1,708,169.	979,254.	
23 Insurance	30,047.		30,047.	
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	127,615,381.	127,615,381.		
b MEDICAL EXPENSES	10,680,217.	10,680,217.		
c BAD DEBTS	5,608,309.	5,608,309.		
d PHARMACEUTICAL DRUGS	2,133,639.	2,133,639.		
e All other expenses	1,692,562.	1,340,754.	351,808.	
25 Total functional expenses. Add lines 1 through 24e	207,764,920.	198,699,239.	9,065,681.	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 or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,331,986.	1	927,082.	
	2 Savings and temporary cash investments	2,549,156.	2	8,698,413.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	9,618,035.	4	8,850,797.	
	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	918,069.	8	799,067.	
	9 Prepaid expenses and deferred charges	1,216,823.	9	337,599.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,713,669.			
	b Less: accumulated depreciation	10b 30,714,786.	22,160,470.	10c	20,998,883.
	11 Investments - publicly traded securities	4,035,828.	11	933,032.	
	12 Investments - other securities. See Part IV, line 11	894,273.	12	960,239.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	5,760,085.	15	4,544,110.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,484,725.	16	47,049,222.		
Liabilities	17 Accounts payable and accrued expenses	14,061,882.	17	15,605,433.	
	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		23	6,000,000.	
	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	25,708,109.	25	26,358,841.	
	26 Total liabilities. Add lines 17 through 25	39,769,991.	26	47,964,274.	
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	7,266,461.	27	-2,429,291.	
	28 Temporarily restricted net assets	774,510.	28	840,476.	
	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	8,714,734.	33	-915,052.		
34 Total liabilities and net assets/fund balances	48,484,725.	34	47,049,222.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	200,919,203.
2	Total expenses (must equal Part IX, column (A), line 25)	2	207,764,920.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,845,717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,714,734.
5	Net unrealized gains (losses) on investments	5	-341,223.
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	-2,442,846.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-915,052.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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) 2013

LHA

332041
11-08-13

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												
1 a	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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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) 2013

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		25,362.
j Total. Add lines 1c through 1i			25,362.
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

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 \$19,500. 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 \$5,862. AHA REPRESENTS ALL HOSPITALS, NATIONWIDE, AND WORKS ALONG WITH STATE HOSPITAL ASSOCIATIONS, LIKE CHA TO ADDRESS FEDERAL LEGISLATIVE ISSUES AFFECTING HOSPITALS.

Multiple horizontal lines for supplemental information.

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form with multiple sections for conservation easements, including checkboxes for purposes (land for public use, natural habitat, etc.), a table for held easements (2a-2d), and questions about monitoring and reporting.

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.

Form with questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

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	724,626.	741,399.	685,311.	663,319.	657,181.
b Contributions				5,000.	5,000.
c Net investment earnings, gains, and losses	17,634.	-16,773.	56,088.	16,992.	1,138.
d Grants or scholarships					
e Other expenditures for facilities and programs	112,750.				
f Administrative expenses					
g End of year balance	629,510.	724,626.	741,399.	685,311.	663,319.

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 88.00 %
- c Temporarily restricted endowment 12.00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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.	15,477,641.	1,243,318.	14,337,478.
c Leasehold improvements				
d Equipment		34,694,933.	28,879,778.	5,815,155.
e Other		612,874.	591,690.	21,184.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,998,883.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	541,820.
(2) OTHER RECEIVABLES	534,579.
(3) INSURED CLAIMS RECEIVABLE	3,467,711.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,544,110.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION	18,262,691.
(3) DUE TO THIRD PARTY	2,226,150.
(4) DEFERRED COMPENSATION	296,764.
(5) DUE TO AFFILIATES	122,749.
(6) OTHER ACCRUED BENEFITS	991,713.
(7) INSURED CLAIMS LIABILITIES	3,467,711.
(8) DEFERRED GRANT INCOME	301,148.
(9) MALPRACTICE LIABILITY	689,915.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,358,841.

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	70,498,808.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-341,223.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-349,394.
e	Add lines 2a through 2d	2e	-690,617.
3	Subtract line 2e from line 1	3	71,189,425.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	129,729,778.
c	Add lines 4a and 4b	4c	129,729,778.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	200,919,203.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	77,684,910.
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	127.
e	Add lines 2a through 2d	2e	127.
3	Subtract line 2e from line 1	3	77,684,783.
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	1,447.
b	Other (Describe in Part XIII.)	4b	130,078,690.
c	Add lines 4a and 4b	4c	130,080,137.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	207,764,920.

Part XIII Supplemental Information.

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	-342,666.
INVESTMENT EXPENSES	-1,447.
MANAGEMENT FEE	-5,281.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-349,394.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE	127,615,381.
AUXILIARY REVENUE	72,416.
CHARITY CARE	579,794.
PASSTHROUGH INCOME	641.

Part XIII Supplemental Information (continued)

OTHER EXPENSES NETTED FROM REVENUE	1,431,807.
REVENUE/EXPENSE RECLASS	8,618.
LOSS ON SALE OF ASSETS	-127.
MEDICAL STAFF ACCOUNT REVENUE	21,248.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	129,729,778.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF ASSETS	127.
------------------------	------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE	127,615,381.
AUXILIARY EXPENSE	76,935.
CHARITY CARE	579,794.
OTHER EXPENSES NETTED FROM REVENUE	1,431,807.
OTHER ALLOWANCES	342,666.
REVENUE/EXPENSE RECLASS	8,618.
MEDICAL STAFF ACCOUNT EXPENSE	18,208.
MANAGEMENT FEE	5,281.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	130,078,690.

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))
		CELEBRATION OF TREES	MOTHER'S DAY ROAD RACE	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	17,991.	16,398.		34,389.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	17,991.	16,398.		34,389.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		308.		308.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	942.	5,572.		6,514.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,822.
	11 Net income summary. Subtract line 10 from line 3, column (d)				27,567.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	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. Subtract line 7 from line 1, column (d)					

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

2013

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.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

**Open to Public
Inspection**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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						
Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)		271	264,381.	20,299.	244,082.	.12%
b Medicaid (from Worksheet 3, column a)		10,579	11724814.	7346713.	4378101.	2.17%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		10,850	11989195.	7367012.	4622183.	2.29%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	41	101,131	78,204.	2,885.	75,319.	.04%
f Health professions education (from Worksheet 5)	7	154	484,644.		484,644.	.24%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	68,002	108,038.		108,038.	.05%
j Total. Other Benefits	59	169,287	670,886.	2,885.	668,001.	.33%
k Total. Add lines 7d and 7j	59	180,137	12660081.	7369897.	5290184.	2.62%

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? 1

Name, address, primary website address, and state license number

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

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first three columns and 'X' in the ER-24 hours column.

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.

If reporting on Part V, Section B for a single hospital facility 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	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 Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	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 (list url): <u>WWW.MILFORDHOSPITAL.ORG</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	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)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 Section C 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>400</u> %			
If "No," explain in Section C 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 checked="" 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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
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 checked="" 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 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 Section C)		

Billing and Collections		Yes	No
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 the individual'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 Section C)		
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 individual'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 Section C)		

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 individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

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	<input checked="" type="checkbox"/>	

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 Section C)
- d Other (describe in Section C)

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 Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual 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		<input checked="" type="checkbox"/>

If "Yes," explain in Section C.

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

22		<input checked="" type="checkbox"/>
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If "Yes," explain in Section C.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Multiple horizontal lines for additional facility information.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

PART I, LINE 3C:

N/A

PART II, COMMUNITY BUILDING ACTIVITIES:

MILFORD HOSPITAL PROVIDES EMERGENCY PREPAREDNESS TRAINING AND DISASTER PLANNING FOR THE HOSPITAL AND THE COMMUNITY IT SERVES.

PART III, LINE 2:

COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 2:

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

PART III, LINE 3:

COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 3:

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

Part VI Supplemental Information (Continuation)

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 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 DOUBTFUL ACCOUNTS
RESULT FROM THE PROVISION FOR BAD DEBTS. ACCOUNTS WRITTEN OFF AS
UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE
AMOUNT OF THE ALLOWANCE FOR DOUBTFUL 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.

PART III, LINE 8:

THE HOSPITAL'S COSTS EXCEED REVENUE RECEIVED FROM CMS FOR
MEDICARE PATIENTS BY APPROXIMATELY \$4.8M. 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

Part VI Supplemental Information (Continuation)

WHO HAVE NO INSURANCE AND MEET SPECIFIC INCOME THRESHOLDS BASED ON THE
POVERTY GUIDELINES.

PART VI, LINE 2:

IN ADDITION TO THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT,
WHICH GUIDES THE PLANNING AND IMPLEMENTATION OF HEALTH AND WELLNESS
PROGRAMMING AND SERVICES, MILFORD HOSPITAL SURVEYS COMMUNITY
ORGANIZATIONS, THE SCHOOL SYSTEMS AND THE LOCAL GOVERNMENT TO ASSESS THE
HEALTH AND EDUCATIONAL NEEDS OF THE COMMUNITY. THIS IS DONE VIA COMMITTEE
AND COALITION MEETINGS AND PARTNERSHIPS, AS WELL AS, INFORMAL AND FORMAL
SURVEYS AND EVALUATIONS.

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, BILLING AND CREDIT AND COLLECTIONS AND
SOCIAL SERVICES DEPARTMENTS.

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 (89.15%),
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

Part VI Supplemental Information (Continuation)

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 2014, OVER 10,000 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

**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.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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.

Part II Grants and Other Assistance to Governments and Organizations 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)	26,500.	0.	BOOK	N/A	EQUIPMENT PURCHASE
MILFORD HOSPITAL FOUNDATION VIA M.H. HOSPITALITY SHOP - 300 SEASIDE AVENUE - MILFORD, CT 06460	22-2627350	501(C)(3)	44,000.	0.	BOOK	N/A	EQUIPMENT PURCHASE

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) (2013)

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	5	3,000.	0.	BOOK	N/A
SCHOLARSHIPS	2	2,000.	0.	BOOK	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

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 directors, trustees, and officers, including 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) 2013

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)	478,837.	0.	33,000.	100,423.	8,298.	620,558.	0.
	(ii)	59,999.	0.	0.	12,583.	1,040.	73,622.	0.
(2) LLOYD FRIEDMAN, MD VP MEDICAL AFFAIRS & COO	(i)	433,836.	0.	30,000.	91,765.	20,105.	575,706.	0.
	(ii)	54,360.	0.	0.	11,498.	2,519.	68,377.	0.
(3) LAURA SMITH VP FINANCE & CFO	(i)	148,687.	0.	0.	34,208.	17,562.	200,457.	0.
	(ii)	21,534.	0.	0.	4,954.	2,543.	29,031.	0.
(4) MICHAEL BLOCH E.R. PHYSICIAN	(i)	340,753.	0.	0.	6,300.	19,119.	366,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDREW CHOW HOSPITALIST	(i)	323,436.	0.	0.	6,300.	21,590.	351,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM SACKS E.R. PHYSICIAN	(i)	318,888.	0.	0.	6,300.	0.	325,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANITHA KAMATH CHIEF PATHOLOGIST	(i)	311,528.	0.	0.	6,300.	21,590.	339,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN SCARFO E.R. PHYSICIAN	(i)	310,226.	0.	0.	6,300.	19,119.	335,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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) (2013)

332211
09-04-13

Name of the organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
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IN FY 2014, MILFORD HOSPITAL PROVIDED HEALTHCARE SERVICES TO:

3,119 PATIENTS ON AN INPATIENT BASIS

31,198 PATIENTS THROUGH THE EMERGENCY DEPARTMENT/WALK-IN CENTER

1,458 PATIENTS IN OUR AMBULATORY SURGERY SUITE

IN ADDITION TO DIRECT PATIENT CARE, THE HOSPITAL PROVIDED EDUCATION, HEALTH SCREENINGS AND SUPPORT SERVICES TO OVER 5,000 INDIVIDUALS

THROUGH A VARIETY OF MODALITIES INVOLVING PERSONAL INTERACTION.

INDIRECTLY, DURING FY 2014, VIA OUR WEBSITE ALONE, THE HOSPITAL

PROVIDED INFORMATION TO MORE THAN 93,000 UNIQUE USERS FROM OUR SERVICE AREA AND BEYOND.

IN SEPTEMBER 2013, IN ACCORDANCE WITH THE REQUIREMENTS SET FORTH IN THE AFFORDABLE CARE ACT, MILFORD HOSPITAL LED A COMPREHENSIVE COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA). THE PURPOSE OF THE CHNA WAS TO GATHER INFORMATION ABOUT LOCAL HEALTH NEEDS AND BEHAVIORS IN AN EFFORT TO

ENSURE THAT MILFORD HOSPITAL PROGRAMS, SERVICES AND OFFERINGS ARE IN

ALIGNMENT WITH COMMUNITY NEEDS. THE FINDINGS OF THE CHNA WERE EVALUATED

AND PRIORITIZED BY A TEAM OF COMMUNITY PARTNERS AND LEADERS. DURING

THE EARLY MONTHS OF FY 2014, AN IMPLEMENTATION STRATEGY WAS DEVELOPED

AND ADOPTED TO GUIDE THE COMMUNITY BENEFIT INITIATIVES OF THE

INSTITUTION.

WHILE THE CHNA PROVIDES AN OVERVIEW AND PERSPECTIVE OF OUR LOCAL

COMMUNITY, A NUMBER OF OVERLAPPING HEALTH ISSUES WERE MADE CLEAR

INCLUDING: A BROAD RANGE OF CHRONIC HEALTH CONDITIONS, THE RAPIDLY

AGING POPULATION, MATERNAL AND CHILD HEALTH AND ACCESS TO CARE.

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AMONG OUR GOALS RELATIVE TO COMMUNITY BENEFITS IN FY 2014 WAS TO ADDRESS THE COMMON RISK FACTORS ASSOCIATED WITH AGING AS WELL AS CHRONIC AND INFECTIOUS DISEASES. IN DOING SO, THE HOSPITAL ESTABLISHED AN OBJECTIVE OF CONTINUING AND EXPANDING IT'S OFFERING OF COMMUNITY HEALTH AND WELLNESS PROGRAMS BOTH AT MILFORD HOSPITAL AND IN THE COMMUNITY.

THESE PROGRAMS ARE OFFERED AT NO-CHARGE AND ARE DELIVERED BY HEALTH CARE PROFESSIONALS AND EDUCATORS AND INCLUDED THE FOLLOWING:

- FIBROMYALGIA AND CHRONIC FATIGUE SYNDROME
- UNDERSTANDING DIABETES AND DIABETES MANAGEMENT
- THYROID CONDITIONS
- BECOMING HEART SMART
- END THE WEIGHT - NON-SURGICAL AND SURGICAL TECHNIQUES IN WEIGHT-LOSS.
- UNDERSTANDING AND TREATING GASTROINTESTINAL DISTURBANCES
- ARTHRITIS AND CHRONIC KNEE PAIN
- THE SMART WEIGH - NUTRITION AND WEIGHT MANAGEMENT (6 SESSION SERIES)
- WHAT EVERY GIRL WANTS TO KNOW
- WOMEN LIVING WELL - FEMALE PHYSICAL AND MENTAL WELLNESS
- WOMEN'S HEALTH AWARENESS SERIES - FROM PUBERTY TO MENOPAUSE AND BEYOND (4 SESSION SERIES)
- WOUND CARE BASICS - UNDERSTANDING AND TREATING CHRONIC / NON-HEALING WOUNDS
- MINDFUL MEDITATION (4 SESSION SERIES)
- WHAT EVERY GIRL WANTS TO KNOW - THE PHYSICAL AND EMOTIONAL CHANGES

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OF PUBERTY AND ADOLESCENCE (2 SESSION SERIES)

- SPRING INTO DRUMS

ALSO AS PART OF ITS' OBJECTIVE TO INCREASE AWARENESS AND UNDERSTANDING OF HEALTHY LIFESTYLES, RISK FACTORS AND DISEASE PREVENTION, THE HOSPITAL CONTINUED TO CONDUCT FREE AND LOW COST HEALTH SCREENINGS.

OFFERED ON A QUARTERLY BASIS, SCREENINGS ARE HELD BOTH IN THE HOSPITAL AND IN THE COMMUNITY. IN FY 2014, HEALTH SCREENINGS AND DISEASE

PREVENTION INITIATIVES INCLUDED:

- BLOOD PRESSURE SCREENING
- BLOOD SUGAR (DIABETES) SCREENING
- CHOLESTEROL (TOTAL AND HDL) TESTING
- PROSTATE CANCER SCREENING
- INFLUENZA IMMUNIZATIONS
- ARTHRITIC CONDITIONS OF THE KNEE SCREENING

IN ADDITION, MILFORD HOSPITAL WORKS WITH LOCAL BUSINESSES AND ORGANIZATIONS AS A WELLNESS PARTNER FOR THEIR EMPLOYEES. HEALTH SCREENINGS AND COUNSELING ARE PROVIDED OFF-SITE, IN THE WORK PLACE, AND INCLUDE, CHOLESTEROL, BLOOD PRESSURE, BLOOD SUGAR SCREENING AND NUTRITIONAL COUNSELING. THE FOLLOWING IS A LIST OUR CORPORATE /

ORGANIZATIONAL PARTNERS:

- MILFORD SENIOR CENTER
- CITY OF MILFORD
- MILFORD POLICE DEPARTMENT
- ALINABAL, INC.
- BIC CORPORATION, MAIN BUILDING
- BIC CORPORATION, BUILDING 5

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- THE EDGE - FITNESS CENTER
- REGIONAL WATER AUTHORITY
- DRILL MASTERS

FOR COMMUNITY MEMBERS DIAGNOSED WITH, OR CARING FOR SOMEONE WITH, AN ILLNESS OR CHRONIC HEALTH CONDITION, A COMMUNITY NETWORK OF SUPPORT IS AVAILABLE AT MILFORD HOSPITAL. TO FOSTER UNDERSTANDING AND THE ABILITY TO COPE WITH ILLNESS AND CHRONIC HEALTH CONDITIONS THE HOSPITAL OFFERS THE FOLLOWING SUPPORT GROUPS ON A REGULARLY SCHEDULED BASIS:

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

THE FAMILY CHILDBIRTH CENTER AT MILFORD HOSPITAL AND THEIR STAFF OF WOMEN'S HEALTH EDUCATORS OFFERED ONGOING CHILDBIRTH AND PARENTING EDUCATION CLASSES TO WOMEN OF CHILDBEARING AGE WHICH INCLUDED:

- PREPARED CHILDBIRTH EDUCATION
- BREASTFEEDING BASICS AND SUPPORT
- BIG BROTHERS & SISTERS

ALSO RELATIVE TO MATERNAL CHILD HEALTH, MILFORD HOSPITAL HAS A LONG-STANDING PARTNERSHIP WITH THE YOUNG PARENT PROGRAM (YPP) OF MILFORD. THE YPP PROVIDES PARENTING AND PREGNANCY SERVICES TO TEENS AND YOUNG ADULTS WHICH PROMOTE POSITIVE BIRTH OUTCOMES, HEALTHY CHOICES, PREGNANCY PREVENTION AND RESPONSIBLE DECISION. THE HOSPITAL PROVIDES THE ORGANIZATION WITH OFFICE SPACE AND ALL ASSOCIATED OVERHEAD

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EXPENSES, CLERICAL SUPPORT AND MORE.

THE FOLLOWING LIST IS INCLUSIVE OF SPECIAL EVENTS AND SERVICES THAT THE HOSPITAL OFFERS TO PATIENTS AND THE COMMUNITY. WHILE NOT ALL OF THE OFFERINGS ARE UNIQUE TO MILFORD HOSPITAL, THEY ARE, NONETHELESS, AVAILABLE AND OFFERED AS A RESOURCE, A SERVICE OR AN OPPORTUNITY TO SUPPORT OUR PATIENTS AND OUR COMMUNITY:

- 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 THROUGH ANNUAL "BABY FAIR" AND PARTICIPATES IN FUNDRAISERS, COMMUNITY EDUCATION PROGRAMS, AND ANNUAL FAIR FOR KIDS COUNT 12345.

- THE HOSPITAL HOSTS VARIETY OF HEALTH AND WELLNESS SUPPORT GROUPS AND PROGRAMS. OF THESE, SIX MEET MONTHLY. OTHERS MAY MEET LESS FREQUENTLY. EACH IS PROVIDED WITH MEETING SPACE, REFRESHMENTS AND ASSOCIATED COSTS AT NO CHARGE.

- MILFORD HOSPITAL OFFERS A "WOMEN LIVING WELL" PROGRAM. THIS IS A FREE INFORMATIVE DAY LONG SEMINAR FOR WOMEN ON HEALTH AND WELLNESS ISSUES AND CONCERNS.

- STAFF AND PHYSICIANS PARTICIPATE IN A LOCAL CABLE TALK SHOW "HEALTH FROM THE HILL" AS A GUEST EXPERTS ON HEALTH AND WELLNESS TOPICS.

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

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ORGANIZATIONS ON A WIDE VARIETY OF TOPICS AT NO CHARGE.

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

THIS EVENT OFFSETS THE COST ASSOCIATED WITH COMMUNITY PROGRAMMING AND HEALTH SCREENINGS OFFERED BY MILFORD HOSPITAL.

- THE HOSPITAL SPONSORS RED CROSS BLOOD DRIVES THREE TIMES A YEAR IN PROVIDING, AUDITORIUM SPACE, VOLUNTEERS, REFRESHMENTS AND ASSISTANCE PROMOTING EACH DRIVE.

- 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 "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.

- THE PHARMACY DEPARTMENT COMMUNICATES WITH AND MAKES AVAILABLE TIME TO MEET WITH RESIDENTS TO REVIEW THEIR PRESCRIPTIONS AND MEDICATIONS.

THIS IS TYPICALLY DONE IN COORDINATION WITH NATIONAL PHARMACY WEEK.

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- HOSPITAL MEETING SPACE IS MADE AVAILABLE TO HEALTH RELATED AND OTHER NOT - FOR- PROFIT COMMUNITY GROUPS IN NEED OF A MEETING ROOM AT NO -CHARGE.

- THE HOSPITAL PROVIDES FREE MEDICARE / MEDICAID COUNSELING AND ASSISTANCE BY TRAINED HOSPITAL VOLUNTEERS. IN ADDITION, THE HOSPITAL HOSTED HEALTH CARE EXCHANGE ENROLLMENT AND INFORMATION SESSIONS IN COORDINATION WITH THE STATE OF CONNECTICUT.

- CLINICAL STAFF INITIATED A FOLLOW-UP PROGRAM FOR CONGESTIVE HEART FAILURE PATIENTS TO PROVIDE EDUCATION AND CLINICAL SUPPORT.

- THE HOSPITAL OFFERS COLLEGE AND POST GRADUATE STUDENTS TRAINING OPPORTUNITIES IN REGISTERED NURSING, LICENSED PRACTICAL NURSING, DIAGNOSTIC IMAGING, MEDICAL CODING SCIENCES, PHARMACY, LABORATORY SCIENCES, DIETETIC SERVICES, PUBLIC AND COMMUNITY HEALTH, ENVIRONMENT OF CARE -EMERGENCY PREPAREDNESS AND NURSING ASSISTANT.

- THE SOCIAL SERVICES DEPARTMENT OFFERS ASSISTANCE TO PATIENTS AND THEIR FAMILIES WITH COMPLETION OF TITLE-19 APPLICATIONS, 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

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FACILITIES.

- THE SOCIAL SERVICES DEPARTMENT ALSO MAINTAINS A FUND TO PROVIDE ASSISTANCE TO PATIENTS AS NEEDED; I.E., COVER COST OF PRESCRIPTIONS, TRANSPORTATION ETC.

- ADMINISTRATION AND DEPARTMENT LEADERSHIP RESPOND TO REQUESTS FOR SPEAKERS AT VARIOUS COMMUNITY FORUMS AND ORGANIZATIONS (INCLUDING SCHOOL GROUPS, CIVIC ORGANIZATIONS, SENIOR PROGRAMS ETC.)

- MILFORD HOSPITAL ADMINISTRATION AND DEPARTMENT LEADERSHIP MAINTAINS PROFESSIONAL AFFILIATIONS WITH AND STRONGLY SUPPORT LOCAL ORGANIZATIONS THROUGH PARTICIPATION ON BOARDS, ADVISORY COMMITTEE, AND COUNCILS OF THE FOLLOWING:

- ALZHEIMERS ASSOCIATION OF CONNECTICUT
- AMERICAN CANCER SOCIETY
- AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES
- AMERICAN HEART ASSOCIATION
- AMERICAN LUNG ASSOCIATION
- AMERICAN RED CROSS
- BRIDGES - A COMMUNITY SUPPORT AGENCY
- CITY OF MILFORD HEALTH AND WELLNESS COUNCIL
- CONNECTICUT ASSOCIATION OF RESPIRATORY CARE
- CONNECTICUT COLLEGE OF HEALTH CARE EXECUTIVES
- CONNECTICUT HOSPITAL ASSOCIATION
- CONNECTICUT LEAGUE FOR NURSING
- CONNECTICUT ORGANIZATION FOR NURSE EXECUTIVES
- CONNECTICUT TUBERCULOSIS ADVISORY COMMITTEE

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- CONNECTICUT YANKEE COUNCIL - BOY SCOUTS OF AMERICA
- HEALTHCARE HUMAN RESOURCES ASSOCIATION
- KIDS COUNT 12345
- MILFORD CHAMBER OF COMMERCE
- MILFORD MAYORS YOUTH FORUM
- MILFORD - ORANGE YMCA
- MILFORD PREVENTION COUNCIL
- NEW HAVEN TUBERCULOSIS COALITION
- PARTNERSHIP FOR GREATER NEW HAVEN
- RAPE CRISIS CENTER
- SOCIAL SERVICES NETWORK OF MILFORD
- STATE REGIONAL PSYCHIATRIC COMMITTEE
- UNITED WAY OF MILFORD
- YOUNG PARENT PROGRAM

THE ACTIVITIES AS OUTLINED ABOVE ARE REFLECTIVE OF THE 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 A, LINE 2:

BOARD MEMBERS JOSEPH PELACCIA, SAMUEL BERGAMI, JR., LOUIS

D'AMATO, JAMES BEARD, LEO CARROLL, AND CAROL MCINNIS ARE ALSO BOARD MEMBERS

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OF THE MILFORD BANK.

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 BEFORE IT'S FILED WITH THE IRS.

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 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	-641.
TRANSFER TO AFFILIATES	-926,625.
TRANSFER FROM AFFILIATES	74,440.
CHANGE IN EQUITY INTEREST IN MILFORD HOSPITAL FOUNDATION	65,966.
CHANGE IN PENSION FUND OBLIGATION	-1,655,986.

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TOTAL TO FORM 990, PART XI, LINE 9 -2,442,846.

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MILFORD HEALTH & MEDICAL INC. - 22-2627346 300 SEASIDE AVE. MILFORD, CT 06460	SUPPORTING ORGANIZATION	CONNECTICUT	501(C)(3)	LINE 11B, II	N/A		X
MILFORD HEALTH CARE SERVICES, INC. - 22-2627353, 300 SEASIDE AVE., MILFORD, CT 06460	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)	PF	MILFORD HEALTH & MEDICAL		X
MILFORD HOSPITAL FOUNDATION, INC. - 22-2627350, 300 SEASIDE AVE., MILFORD, CT 06460	FUNDRAISING	CONNECTICUT	501(C)(3)	PF	MILFORD HEALTH & MEDICAL		X
HOME CARE PLUS, INC. - 06-1044331 P O BOX 161 MILFORD, CT 06460	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 9	MILFORD HEALTH & MEDICAL		X

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

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

• 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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE MILFORD HOSPITAL, INC.	Employer identification number (EIN) or 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)

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 (other than individual)	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, 2015**

5 For calendar year , or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**

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 Forms 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 Forms 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 Date

The Milford Hospital, Incorporated

Financial Statements

September 30, 2014 and 2013



BAKER TILLY

Candor. Insight. Results.

The Milford Hospital, Incorporated

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September 30, 2014 and 2013

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Baker Tilly Virchow Krause, LLP
One Penn Plaza, Suite 3000
New York, NY 10119
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fax 212 490 1412
bakertilly.com

Independent Auditors' Report

Board of Directors
The Milford Hospital, Incorporated

We have audited the accompanying financial statements of The Milford Hospital, Incorporated (the "Hospital"), which comprise the balance sheet as of September 30, 2014, and the related statements of operations and changes in net assets (deficit) and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Milford Hospital, Incorporated, at September 30, 2014, and the results of its operations and changes in net assets (deficit) and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of the Milford Hospital, Incorporated, for the year ended September 30, 2013, were audited by another auditor whose report, dated September 29, 2014, included an emphasis-of-matter paragraph noting a significant transaction with another health care provider as more fully explained in Note 5, and an emphasis-of-matter paragraph that described the adoption of Accounting Standards Update 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, and expressed an unmodified opinion on those statements. Our opinion is not modified with respect to this matter.

Baker Tilly Viechow Krause, LLP

New York, New York
February 26, 2015

The Milford Hospital, Incorporated

Balance Sheet

September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>		<u>2014</u>	<u>2013</u>
Assets			Liabilities and Net Assets (Deficit)		
Current Assets			Current Liabilities		
Cash and cash equivalents	\$ 6,892,694	\$ 1,665,016	Accounts payable	\$ 7,032,887	\$ 5,318,753
Short-term investments	110,778	110,612	Accrued salaries, wages and vacation	6,690,575	6,870,249
Patient accounts receivable (net of estimated allowance for doubtful accounts of \$2,920,000 in 2014 and \$3,217,000 in 2013, respectively)	8,850,797	9,618,035	Estimated third-party payor settlements	2,226,150	1,691,606
Inventories	772,809	887,860	Due to affiliates	122,749	20,705
Prepaid expenses and other current assets	872,178	1,727,752	Insured claims liabilities	672,298	814,691
Insured claims receivable	672,298	814,691	Other current liabilities	1,881,969	1,871,366
	<u>18,171,554</u>	<u>14,823,966</u>			
Total current assets			Total current liabilities	18,626,628	16,587,370
Investments	1,815,473	3,482,913	Note Payable	6,000,000	-
Assets Whose Use is Limited	1,658,681	2,580,001	Insured Claims Liabilities, Net of Current Portion	2,795,413	4,086,302
Property, Plant, and Equipment			Accrued Pension and Other Liabilities	20,542,231	19,096,320
Land and land improvements	1,437,940	1,434,340			
Building and building improvements	15,580,796	15,228,139	Total liabilities	47,964,272	39,769,992
Equipment	34,694,933	33,530,177			
	<u>51,713,669</u>	<u>50,192,656</u>	Net Assets (Deficit)		
Less accumulated depreciation	(30,714,786)	(28,032,186)	Unrestricted	(2,536,448)	7,157,824
	<u>20,998,883</u>	<u>22,160,470</u>	Temporarily restricted	840,476	774,510
			Permanently restricted	673,763	673,763
Beneficial Interest in Milford Hospital Foundation, Inc.	960,239	894,273	Total net assets (deficit)	(1,022,209)	8,606,097
Due from Affiliates	541,820	348,164			
Insured Claims Receivable, net	2,795,413	4,086,302			
	<u>2,795,413</u>	<u>4,086,302</u>			
Total assets	<u>\$ 46,942,063</u>	<u>\$ 48,376,089</u>	Total liabilities and net assets (deficit)	<u>\$ 46,942,063</u>	<u>\$ 48,376,089</u>

See notes to financial statements

The Milford Hospital, Incorporated

Statement of Operations and Changes in Net Assets (Deficit)
Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Operating Revenues		
Patient service revenue	\$ 69,109,103	\$ 73,584,384
Provision for bad debts	(5,608,309)	(6,456,481)
Net patient service revenue (less provision for bad debts)	63,500,794	67,127,903
Other revenues	1,352,459	1,449,445
Total operating revenues	<u>64,853,253</u>	<u>68,577,348</u>
Operating Expenses		
Salaries and wages	35,687,359	37,819,070
Employee benefits	9,339,375	9,405,113
Supplies and other	24,335,355	25,901,738
Depreciation	2,687,549	4,180,977
Interest	26,961	34,936
Total operating expenses	<u>72,076,599</u>	<u>77,341,834</u>
Operating loss	(7,223,346)	(8,764,486)
Investment Income	362,189	625,298
Change in Unrealized Gains and Losses on Investments	<u>(342,578)</u>	<u>(736,830)</u>
Expenses in excess of revenues	\$ (7,203,735)	\$ (8,876,018)

See notes to financial statements

The Milford Hospital, Incorporated

Statement of Operations and Changes in Net Assets (Deficit)

Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted Net Assets (Deficit) (continued)		
Expenses in excess of revenues (from previous page)	\$ (7,203,735)	\$ (8,876,018)
Net assets released from restrictions for capital	92,074	57,351
Transfers to affiliates	(926,625)	(2,260,753)
Pension liability adjustment	<u>(1,655,986)</u>	<u>12,309,985</u>
Change in unrestricted net assets (deficit)	<u>(9,694,272)</u>	<u>1,230,565</u>
Temporarily Restricted Net Assets		
Investment income	17,634	-
Transfers from affiliates	74,440	57,351
Net assets released from restrictions for capital	(92,074)	(57,351)
Change in beneficial interest in Milford Hospital Foundation, Inc.	<u>65,966</u>	<u>105,069</u>
Increase in temporarily restricted net assets	<u>65,966</u>	<u>105,069</u>
Change in net assets (deficit)	(9,628,306)	1,335,634
Net Assets, Beginning	<u>8,606,097</u>	<u>7,270,463</u>
Net Assets (Deficit), Ending	<u><u>\$ (1,022,209)</u></u>	<u><u>\$ 8,606,097</u></u>

See notes to financial statements

The Milford Hospital, Incorporated

Statement of Cash Flows

Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash Flows from Operating Activities		
Change in net assets (deficit)	\$ (9,628,306)	\$ 1,335,634
Adjustments to reconcile change in net assets (deficit) net cash (used in) provided by operating activities:		
Depreciation	2,687,549	4,180,977
Provision for bad debts	5,608,309	6,456,481
Change in realized gains and unrealized gains and losses on investments	(6,964)	104,039
Pension liability adjustment	1,655,986	(12,309,985)
Transfers to affiliates	926,625	2,260,753
Change in beneficial interest in Milford Hospital Foundation, Inc.	(65,966)	(105,069)
Changes in assets and liabilities:		
Accounts receivable	(4,841,071)	(3,780,788)
Inventories	115,051	(26,728)
Prepaid expenses and other current assets	855,574	(284,172)
Due from affiliates	(193,656)	305,906
Investments classified as trading securities	-	7,091,400
Accounts payable	1,714,134	968,630
Accrued salaries, wages and vacation	(179,674)	167,781
Other liabilities	(199,472)	(802,480)
Estimated third-party payor settlements	534,544	795,803
Due to affiliates	102,044	9,205
	<u>(915,293)</u>	<u>6,367,387</u>
Net cash (used in) provided by operating activities		
Cash Flows from Investing Activities		
Net purchases of property and equipment	(1,525,962)	(2,759,295)
Decrease in investments and assets whose use is limited	2,595,558	848,504
	<u>1,069,596</u>	<u>(1,910,791)</u>
Net cash provided by (used in) investing activities		
Cash Flows from Financing Activities		
Proceeds from issuance of note payable	6,000,000	-
Repayment of long-term debt	-	(935,367)
Transfers to affiliates	(926,625)	(2,260,753)
	<u>5,073,375</u>	<u>(3,196,120)</u>
Net cash provided by financing activities		
Net increase in cash and cash equivalents	5,227,678	1,260,476
Cash and Cash Equivalents, Beginning	<u>1,665,016</u>	<u>404,540</u>
Cash and Cash Equivalents, Ending	<u>\$ 6,892,694</u>	<u>\$ 1,665,016</u>
Supplementary Disclosure of Cash Flow Information		
Interest paid	<u>\$ 26,961</u>	<u>\$ 34,936</u>

See notes to financial statements

The Milford Hospital, Incorporated

Notes to Financial Statements
September 30, 2014 and 2013

1. Organization and Significant Accounting Policies

Organization

The Milford Hospital, Incorporated (the "Hospital"), a voluntary tax-exempt acute care hospital incorporated under the general statutes of the state of Connecticut, is a subsidiary of Milford Health and Medical, Inc. (the "Parent"). The Board of Directors (the "Board") of the Hospital, appointed by the Parent, controls the operations of the Hospital. Also, the Milford Hospital Foundation, Inc. is a subsidiary of the Parent, and functions as the fund-raising affiliate for the Hospital.

Financial Transaction and Liquidity

For the years ended September 30, 2014 and 2013, the Hospital had operating losses of approximately \$7.2 and \$8.8 million, respectively. The Hospital's continued existence is dependent upon future operations in which cash revenue exceeds expenses to provide for the maintenance of adequate working capital. Management's plans for dealing with the historical and ongoing effects of recently declining operations results are focused on cost reduction, revenue enhancement, and shared or interested services with other health care providers. The Parent entered into an agreement with another health care provider in September 2014. Under the terms of the agreement the health care provider will utilize beds at the Hospital under a lease arrangement and the health care provider will furnish an \$8.0 million term loan to the Hospital in order to provide it with liquidity. See Note 5.

Estimates and Assumptions

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities such as estimated uncollectible accounts for patient accounts receivable, insurance claims liabilities and receivables, estimated impairment of long-lived assets and estimated receivables from and payables to third-party reimbursement agencies, and disclosure of contingent assets and contingent liabilities at the date of the financial statements. The allowance for uncollectible accounts, impairment of long-lived assets, insurance claims liabilities and receivables, and the estimated receivables from and payables to third-party reimbursement agencies, among other accounts, require significant use of estimates. Estimates also affect the reported amounts of revenues and expenses during the reported period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

Regulatory Matters

The Hospital is required to file annual operating information with the state of Connecticut Office of Health Care Access.

The Milford Hospital, Incorporated

Notes to Financial Statements
September 30, 2014 and 2013

Cash and Cash Equivalents and Short-Term Investments

The Hospital considers all highly liquid investments with a maturity of three months or less, when purchased, to be cash equivalents. Short-term investments consist of bank certificates of deposit. Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits and, therefore, bear a risk of loss.

Inventories

Inventories, consisting mainly of supplies, are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method.

Fair Value of Financial Instruments

The carrying value of financial instruments in the accompanying balance sheet as of September 30, 2014 and 2013 approximates fair value based on current market conditions. The fair value of each financial instrument is disclosed in the respective notes and in Note 4.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value at the balance sheet date. Investment income or loss (including interest, dividends, realized gains and losses, and change in unrealized gains and losses) is included in the determination of expenses in excess of revenues unless the income or loss is restricted by donor or law. Assets temporarily restricted (by donor) are recorded at fair value at the date of donation, which is then considered cost.

Alternative investments (not readily marketable assets) are stated in the accompanying balance sheet based upon net asset values derived from the application of the equity method of accounting. Individual investment holdings within the alternative investments may, in turn, include investments in both nonmarketable and market-traded securities. Financial information used by the Hospital to evaluate its alternative investments is prepared by the investment manager or general partner and includes fair value valuations that may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Generally, fair value reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts, and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors.

There is uncertainty in determining values of alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings, and time lags associated with reporting by the investee companies. As a result, there is at least a reasonable possibility that estimates will change.

Investment income, including realized gains and changes in unrealized gains and losses on investments, interest, and dividends, is included in nonoperating income unless the income or loss is restricted by the donor or law. The cost of securities sold is based on the specific identification method. The financial statements of the investees are audited annually by independent auditors.

The Milford Hospital, Incorporated

Notes to Financial Statements
September 30, 2014 and 2013

The alternative investments include certain liquidity restrictions that may require 90 days advance notice for redemptions, and there are remaining commitments to the alternative investment funds of \$112,500 as of September 30, 2014.

Assets Whose Use is Limited

Assets whose use is limited primarily consist of interest-bearing deposits in banks which have been set aside by the Board and restricted by donors for future capital improvements or purchases of equipment. Except for the assets restricted by donors, the Board retains control of funds it has set aside and may, at its discretion, subsequently use these funds for other purposes.

Patient Accounts Receivable

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. The amount of the allowance for doubtful 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. See Note 2 for additional information relative to third-party payor programs.

The Hospital's primary concentration of credit risk is patient accounts receivable, which consists of amounts owed by various governmental agencies, insurance companies, and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts, and by providing appropriate allowances for doubtful amounts. Significant concentrations of gross patient accounts receivable, before allowances for doubtful accounts, include 43% and 39% for Medicare, and 8% and 7% for Medicaid, for the years ended September 30, 2014 and 2013, respectively.

Property, Plant, and Equipment

Property, plant, and equipment is stated on the basis of cost. Depreciation of property, plant, and equipment is provided using the straight-line method over their estimated useful lives of the related assets as follows:

Building and improvements	5 - 50 years
Equipment	3 - 25 years

The Milford Hospital, Incorporated

Notes to Financial Statements
September 30, 2014 and 2013

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If long-lived assets are deemed to be impaired, the impairment loss to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value. As a result of declining operating results, the Hospital performed an evaluation of long-lived assets. In performing the test, the Hospital determined that the total of the expected future undiscounted cash flows directly related to its enterprise-wide asset group was less than the carrying value of the asset group; therefore, an impairment loss was required to be recorded. The impairment loss of \$1.5 million represents the difference between the fair value of the asset group and its related carrying value and is included within depreciation expense in the statement of operations and changes in net assets (deficit) for the year ended September 30, 2013. The loss has been allocated to various categories of fixed assets. Fair value of the asset group that was deemed to be impaired, principally fixed assets, was primarily based on a combination of the cost and sales comparison approaches. The cost approach provides an indication of the current cost of an asset by an estimate of accrued depreciation. The sales comparison approach is based on the principle of whether a property is replaceable in the market. Because of uncertainty in the current market, it is reasonably possible that the estimate of the fair value of the asset group may change in the near term. The Hospital determined that the long-lived assets are not impaired at September 30, 2014.

During January 2014, the Hospital received approval for grant funding in the amount of \$2.0 million from the State of Connecticut Department of Public Health to purchase medical and computer equipment to meet the clinical needs of its patients. As of September 30, 2014, the Hospital has been reimbursed approximately \$317,000 for funds used to purchase equipment.

Restricted Net Assets

Temporarily restricted net assets are those where use by the Hospital has been limited by donors to a specific time frame or purpose. All of the Hospital's temporarily restricted net assets are restricted for capital expenditures. Permanently restricted net assets are amounts to be maintained in perpetuity, the income of which can be used for capital expenditures.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are included in nonoperating income in the accompanying statement of operations and changes in net assets.

The Milford Hospital, Incorporated

Notes to Financial Statements
September 30, 2014 and 2013

Expenses in Excess of Revenues

The accompanying statement of operations and changes in net assets (deficit) include expenses in excess of revenues as the performance indicator. Changes in unrestricted net assets which are excluded from the expenses in excess of revenues include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets, including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets, and the pension liability adjustment.

Nonoperating Income

Activities, other than in connection with providing health care services, are considered to be nonoperating. Nonoperating income primarily consists of income on invested funds and unrestricted gifts.

Beneficial Interest in Milford Hospital Foundation, Inc.

The interest in Milford Hospital Foundation, Inc. represents the Hospital's beneficial interest in net assets of The Milford Hospital Foundation, Inc. This investment is accounted for in accordance with the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 958-20, *Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others*.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code and is exempt from the state of Connecticut and local income taxes. The Hospital has a net operating loss carryforward from unrelated business activities of approximately \$6,043,000. A deferred tax asset for these losses of approximately \$2,417,000 is offset by a corresponding valuation allowance of the same amount. Operating loss carryforwards will begin to expire in five years.

Subsequent Events

The Hospital evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition or disclosure in the financial statements as of the balance sheet date. For the year ended September 30, 2014, the Hospital evaluated subsequent events through February 26, 2015, which is the date the financial statements were available to be issued.

New Accounting Standard

In May 2014, the FASB issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. ASU No. 2014-09 supersedes the revenue recognition requirements in Topic 605, *Revenue Recognition*, and most industry-specific guidance. Under the requirements of ASU No. 2014-09, the core principle is that entities should recognize revenue to depict the transfer of promised goods or services to customers (patients) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Hospital will be required to retrospectively adopt the guidance in ASU No. 2014-09 for years beginning after December 15, 2017; early application is not permitted. The Hospital has not yet determined the impact of adoption of this ASU on its financial statements.

The Milford Hospital, Incorporated

Notes to Financial Statements
September 30, 2014 and 2013

Reclassifications

Certain reclassifications have been made to the 2013 balances previously reported to conform to the current year presentation.

2. Revenues From Services to Patients and Charity Care

The following table summarizes net revenues from services to patients:

	<u>2014</u>	<u>2013</u>
Gross revenues from services to patients	\$ 197,304,279	\$ 194,913,879
Deductions:		
Allowances	127,615,381	120,685,894
Charity care	<u>579,795</u>	<u>643,601</u>
	<u>128,195,176</u>	<u>121,329,495</u>
Patient service revenue (net of contractual allowances and discounts)	69,109,103	73,584,384
Provision for bad debts	<u>(5,608,309)</u>	<u>(6,456,481)</u>
Net patient service revenue (less provision for bad debts)	<u>\$ 63,500,794</u>	<u>\$ 67,127,903</u>

Patient revenues from services to patients for the years ended September 30, 2014 and 2013, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources based on primary insurance designation, are as follows:

	<u>2014</u>	<u>2013</u>
Third-party payors	\$ 63,166,797	\$ 67,807,215
Self-pay	<u>5,942,306</u>	<u>5,777,169</u>
Total all payors	<u>\$ 69,109,103</u>	<u>\$ 73,584,384</u>

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patient's responsibility and the Hospital considers these amounts in its determination of the provision for bad debts based on collection experience.

Accounts receivable are also reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and the provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

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For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for payors who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Hospital allowance for doubtful accounts totaled approximately \$2,920,000 and \$3,217,000 at September 30, 2014 and 2013, respectively. The allowance for doubtful accounts for self-pay patients was approximately 71.5% and 70.7% of self-pay accounts receivable as of September 30, 2014 and 2013, respectively. Overall, the total of self-pay discounts and write-offs has not changed significantly for the year ended September 30, 2014. The Hospital has not experienced significant changes in write-off trends.

During fiscal years 2014 and 2013, the Hospital's net revenues from services to patients were 41% and 37% from Medicare, 9% and 7% from Medicaid, and 14% and 17% from Blue Cross (governmental payors include managed Medicare and Medicaid business), respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term. The Hospital believes that it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital.

Patient accounts receivable and revenues are recorded when patient services are performed. The Hospital has agreements with certain third-party payors, including health maintenance organizations that provide for payments to the Hospital at amounts different from the Hospital's established billing rates. These differences are accounted for as allowances. Under these agreements, the Hospital receives reimbursement based on a number of different arrangements, including fee-for-service payments.

Net revenues from services to patients is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined. Revenue under third-party payor agreements is subject to audit and retroactive adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Retroactive adjustments related to settlements with third-party payors decreased net revenues from services to patients by approximately \$50,000 and \$642,000 for the years ended September 30, 2014 and 2013, respectively.

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The Hospital accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to the established policies of the Hospital. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the Hospital utilizes the generally recognized poverty income levels for the state of Connecticut, but also includes certain cases where incurred charges are significant when compared to a patient's income level. These charges are not included in net revenues from services to patients for financial reporting purposes.

The estimated cost of charity care provided was \$241,224 and \$293,668 for the years ended September 30, 2014 and 2013, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data.

3. Investments

Investments are comprised of the following at September 30:

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents	\$ 1,446,051	\$ 409,069
Common stock	-	1,188,109
Equity mutual funds	-	352,844
Alternative investments	369,422	1,532,891
	<u>\$ 1,815,473</u>	<u>\$ 3,482,913</u>

Assets whose use is limited are comprised of the following at September 30:

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents	\$ 1,095,071	\$ 1,615,727
Fixed income securities	298,381	306,642
Government bonds	265,229	410,285
Corporate bonds	-	132,382
Equity mutual funds	-	114,965
	<u>\$ 1,658,681</u>	<u>\$ 2,580,001</u>

The composition of assets whose use is limited at September 30 is as follows:

	<u>2014</u>	<u>2013</u>
Internally designated	\$ 1,029,171	\$ 1,855,375
Temporarily restricted for capital purposes	75,510	170,626
Permanently restricted	554,000	554,000
	<u>\$ 1,658,681</u>	<u>\$ 2,580,001</u>

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The components of investment earnings include the following for the years ended September 30:

	<u>2014</u>	<u>2013</u>
Interest income	\$ 4,552	\$ 11,433
Dividend income	305,323	238,670
Realized gains	349,542	632,791
Other	<u>(297,228)</u>	<u>(257,596)</u>
	362,189	625,298
Change in unrealized gains and losses on investments	<u>(342,578)</u>	<u>(736,830)</u>
Total return on investments	<u>\$ 19,611</u>	<u>\$ (111,532)</u>

4. Fair Value of Financial Instruments

As defined in ASC 820-10, *Fair Value Measurement - Overall*, fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, ASC 820-10 establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

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Financial assets carried at fair value in the accompanying balance sheet, excluding assets invested in the Hospital's defined benefit pension plan, are classified in the table below in one of the three categories described above:

	2014			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 6,892,694	\$ -	\$ -	\$ 6,892,694
Short-term investments:				
Certificates of deposit	110,778	-	-	110,778
Investments:				
Cash and cash equivalents	1,446,051	-	-	1,446,051
Alternative investments	-	-	369,422	369,422
Total investments	1,446,051	-	369,422	1,815,473
Assets whose use is limited:				
Cash and cash equivalents	1,095,071	-	-	1,095,071
Fixed income:				
Government bonds	-	265,229	-	265,229
Fixed income securities	-	298,381	-	298,381
Total assets whose use is limited	1,095,071	563,610	-	1,658,681
Total	\$ 9,544,594	\$ 563,610	\$ 369,422	\$ 10,477,626

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	2013			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,665,016	\$ -	\$ -	\$ 1,665,016
Short-term investments:				
Certificates of deposit	110,612	-	-	110,612
Investments:				
Cash and cash equivalents	409,069	-	-	409,069
Equities:				
International	638,862	-	-	638,862
Mid cap	222,732	-	-	222,732
Large cap	679,359	-	-	679,359
Alternative investments	-	-	1,532,891	1,532,891
Total investments	1,950,022	-	1,532,891	3,482,913
Assets whose use is limited:				
Cash and cash equivalents	1,615,727	-	-	1,615,727
Fixed income:				
Government bonds	-	410,285	-	410,285
Corporate bonds	-	132,382	-	132,382
Fixed income securities	-	306,642	-	306,642
Equities:				
Mid cap	7,835	-	-	7,835
Large cap	107,130	-	-	107,130
Total assets whose use is limited	1,730,692	849,309	-	2,580,001
Total	\$ 5,456,342	\$ 849,309	\$ 1,532,891	\$ 7,838,542

Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers, and brokers.

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5. Note Payable

On September 2, 2014, the Hospital entered into a Master Agreement with another health care provider to provide a framework for implementing programs in a manner that is consistent with the charitable mission of each organization and the communities it serves. Under the terms of the agreement the health care provider will utilize beds at the Hospital under a lease arrangement to provide inpatient rehabilitation services to its patients and will furnish an \$8.0 million term loan to the Hospital. The Hospital had an outstanding balance on the loan of \$6 million at September 30, 2014. The term loan bears interest of 6.5% annually that is payable monthly. The principal balance of the term loan is payable to the lender in two equal annual installments on September 30, 2018 and 2019.

The term loan is collateralized by certain property owned by the Hospital.

In addition to the Master Agreement, the Hospital entered into an Inpatient Rehabilitation Unit (“IRU”) Lease and an IRU Services Agreement. The details of those agreements are as follows:

- IRU Lease Agreement: The term of the IRU Lease Agreement is five years during which time the Hospital will lease certain beds to the health care provider to be used to provide inpatient rehabilitation services to patients of the health care provider. The lease provides the tenant with two five-year renewal options at the end of each term. Monthly payments to the Hospital range from \$39,000 to \$44,000.
- IRU Services Agreement: The term of the IRU Services Agreement is five years during which time the health care provider will purchase certain clinical services related to those rehabilitation patients at the Hospital from the Hospital and certain affiliated physicians. The service agreement provides the Hospital with two five-year renewal options at the end of each term. Monthly payments to the Hospital range from \$153,000 to \$237,000.

The Master Agreement requires the Hospital to comply with certain financial covenants regarding levels of cash available for operations. If the Hospital fails to meet such covenants they are required to provide the health care provider with an action plan related to maintaining certain levels of cash available for operations. If the Hospital falls below 20 days cash on hand the health care provider may terminate the agreements in which case the term loan will be due immediately.

6. Pension Plan

The Hospital has a defined benefit pension plan (the “Plan”) covering substantially all of its employees. Plan benefits are based on years of service and the employee's compensation. Plan participants will vest in their benefits on a percentage basis with years of service.

Effective August 26, 2009, the Hospital's executive committee of the Board of Directors adopted a resolution to freeze the Plan for non-union employees effective December 31, 2009. Effective January 24, 2012, the Hospital's executive committee of the Board of Directors adopted a resolution to freeze the Plan for nursing union employees effective January 31, 2012.

The Hospital recognizes the funded status (i.e., the difference between the fair value of plan assets and the projected benefit obligation) of the Plan in its balance sheet.

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Net unrecognized actuarial losses at the reporting date will be subsequently recognized in the future as net periodic pension cost pursuant to the Hospital's accounting policy for amortizing such amounts. Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic pension cost in the same periods will be recognized as a component of unrestricted net assets.

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic pension credit:

	<u>2014</u>	<u>2013</u>
Unrecognized actuarial loss	\$ (17,062,288)	\$ (15,406,302)

The following is a reconciliation of the beginning and ending balances of the Plan's projected benefit obligation and the fair value of plan assets, as well as the funded status of the Plan and accrued pension cost:

	<u>2014</u>	<u>2013</u>
Changes in benefit obligation:		
Projected benefit obligation, beginning of year	\$ 81,706,599	\$ 93,981,617
Service cost	535,754	333,194
Interest cost	3,748,965	3,465,833
Benefits paid	(5,959,465)	(3,690,998)
Expenses paid	(552,032)	(535,754)
Actuarial losses (gains)	2,165,547	(11,847,293)
Projected benefit obligation, end of year	<u>\$ 81,645,368</u>	<u>\$ 81,706,599</u>
Changes in plan assets:		
Fair value of plan assets, beginning of year	\$ 65,869,815	\$ 64,873,614
Contributions	-	625,000
Actual return on plan assets	5,057,449	4,597,953
Benefits paid	(5,959,465)	(3,690,998)
Expenses paid	(552,032)	(535,754)
Fair value of plan assets, end of year	<u>\$ 64,415,767</u>	<u>\$ 65,869,815</u>
Funded status of the Plan	<u>\$ (17,229,601)</u>	<u>\$ (15,836,784)</u>
Components of net periodic pension credit:		
Service cost	\$ 535,754	\$ 333,194
Interest cost	3,748,965	3,465,833
Expected return on plan assets	(4,818,777)	(4,805,664)
Net amortization and deferral of actuarial loss	270,889	670,403
Net periodic pension credit	<u>\$ (263,169)</u>	<u>\$ (336,234)</u>

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Notes to Financial Statements
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The weighted-average assumptions used to develop net periodic benefit credit, and the projected benefit obligation as of September 30 are as follows:

	<u>2014</u>	<u>2013</u>
Discount rate used for net periodic pension credit	4.65 %	3.73 %
Discount rate used for projected benefit obligation	4.45	4.65
Expected long-term rate of return on plan assets	7.50	7.50
Rate of compensation increase	N/A	N/A

The accumulated benefit obligation at September 30, 2014 and 2013 was \$81,645,368 and \$81,706,599, respectively.

The actuarial losses in 2014 are primarily attributed to an increase in the discount rate and change in the mortality table. The actuarial gain in 2013 is primarily attributed to a decrease in the discount rate.

Plan Assets

To develop the expected long-term rate of return on plan assets assumption, the Hospital considers the historical return and the future expectations for return for each asset class, as well as target allocation of the plan asset portfolio. The Plan's investment objectives are to achieve long-term growth in excess of long-term inflation, and to provide a rate of return that meets or exceeds the actuarial expected long-term rate of return on plan assets over a long-term time horizon. In order to minimize the risk, the Plan aims to minimize the variability in yearly returns. The Plan also aims to diversify its holdings among sectors, industries, and companies. No more than 10% of the Plan's portfolio, excluding U.S. government securities and cash, may be held in an individual company's stocks or bonds, and no more than 20% in a single industry.

The Hospital's pension plan weighted-average allocations at September 30, 2014 and 2013, by asset category, are as follows:

	<u>2014</u>	<u>2013</u>
Cash and money market funds	2.6 %	9.4 %
Government bonds	10.4	12.9
Corporate bonds	6.5	8.2
Equities	62.7	64.1
Alternative investments	<u>17.8</u>	<u>5.4</u>
Total	<u>100.0 %</u>	<u>100.0 %</u>

The target allocation for the Plan's assets is 60% equity securities, 30% fixed income securities, and 10% other investments.

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Financial assets carried at fair value included in the Plan are classified in the tables below in one of the three categories described above:

	2014			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,698,509	\$ -	\$ -	\$ 1,698,509
Fixed income:				
Government bonds	-	6,703,907	-	6,703,907
Corporate bonds	-	4,163,447	-	4,163,447
Equities:				
International	13,234,227	-	-	13,234,227
Mid cap	3,003,899	-	-	3,003,899
Large cap	24,138,263	-	-	24,138,263
Alternative investments	-	-	11,473,515	11,473,515
Total	<u>\$ 42,074,898</u>	<u>\$ 10,867,354</u>	<u>\$ 11,473,515</u>	<u>\$ 64,415,767</u>

	2013			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 6,212,552	\$ -	\$ -	\$ 6,212,552
Fixed income:				
Government bonds	-	8,523,744	-	8,523,744
Corporate bonds	-	5,394,936	-	5,394,936
Equities:				
International	13,479,371	-	-	13,479,371
Mid cap	3,092,328	-	-	3,092,328
Large cap	25,581,878	-	-	25,581,878
Alternative investments	-	-	3,585,006	3,585,006
Total	<u>\$ 48,366,129</u>	<u>\$ 13,918,680</u>	<u>\$ 3,585,006</u>	<u>\$ 65,869,815</u>

The changes in investments classified as Level 3 are as follows for the years ended September 30:

	<u>2014</u>	<u>2013</u>
Beginning balance for the year	\$ 3,585,006	\$ 2,987,425
Purchases	7,000,000	500,000
Sales	(172,000)	-
Net change in unrealized appreciation	1,060,509	97,581
Ending balance for the year	<u>\$ 11,473,515</u>	<u>\$ 3,585,006</u>

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Alternative investments invested in the Plan are carried at fair value based upon, as a practical expedient, net asset values derived from the application of the equity method of accounting. Debt securities and equity securities with readily determinable values are classified as Level 1 as determined based on independent published sources. Level 2 assets are valued based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers, and brokers. Assets that are valued using significant unobservable inputs, such as extrapolated data, proprietary models, or indicative quotes that cannot be corroborated with market data are classified in Level 3 within the fair value hierarchy.

Level 3 assets are valued based on the Hospital's ownership interest in the net asset value ("NAV") of the fund as discussed above. As the NAV reported by each fund is used as a practical expedient to estimate the fair value of the Hospital's interest therein, its classification as Level 3 is based on the Hospital's ability to redeem its interest at or near the measurement date. The Hospital routinely monitors and assesses methodologies and assumptions used in valuing these interests.

Contributions

The Hospital does not expect to contribute to the Plan in 2015.

Estimated Future Benefit Payments

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Fiscal years:	
2015	\$ 3,688,782
2016	3,801,137
2017	4,019,213
2018	4,288,574
2019-2023	24,424,190
2024-2028	<u>25,082,459</u>
Total	<u>\$ 65,304,355</u>

The Milford Hospital, Incorporated

Notes to Financial Statements
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7. Transactions with Affiliates

Amounts expected to be collected from affiliated entities are as follows:

	<u>2014</u>	<u>2013</u>
Milford Medical Lab, Inc.	\$ 259,264	\$ 261,208
Milford Health and Medical, Inc.	62,308	-
Home Care Plus, Inc.	45,630	37,900
Milford Hospital Foundation, Inc.	21,096	-
Seabridge, Inc.	65,344	47,656
Torry Corporation	86,728	-
Milford Health Care Services, Inc.	1,450	1,400
Total	<u>\$ 541,820</u>	<u>\$ 348,164</u>

Amounts due from Milford Medical Lab, Inc. relate to lab and related services provided by the Hospital on behalf of Milford Medical Lab, Inc. The Hospital charged Milford Medical Lab, Inc. \$533,472 and \$593,909 in 2014 and 2013, respectively, for those services. Amounts due from other affiliated entities are the result of allocating joint general and administrative costs incurred by the Hospital. The amounts allocated to affiliates during the years ended September 30, 2014 and 2013, were \$966,530 and \$183,262, respectively.

8. Medical Malpractice Insurance

Effective October 1, 2004, the Hospital became insured by the Parent through Healthcare Alliance Insurance Company, Ltd. ("HAIC"). HAIC is a multi-provider captive insurance company domiciled in the Cayman Islands. The Parent was a one-third owner of the captive with two other local hospitals that each held one-third ownership. The Hospital's insurance coverage was \$1,500,000 per occurrence and \$3,000,000 in the aggregate. The Hospital had an excess layer of indemnity coverage of \$25,000,000 per occurrence and \$25,000,000 in the aggregate.

Effective July 1, 2013, the Parent sold its equity interest in HAIC and the Hospital became insured by Seaside Indemnity Alliance Company ("SIAC"). SIAC was incorporated on May 10, 2013, under the laws of the Cayman Islands and is a wholly owned subsidiary of the Parent. SIAC's activities are the direct insurance of the Hospital's professional and comprehensive general liability risks together with the physician professional liability risks of certain of the Hospital's affiliated physicians.

The Hospital's claims-made insurance coverage through SIAC, beginning July 1, 2013, is \$26,500,000 per claim with a policy aggregate of \$28,750,000. SIAC purchases reinsurance coverage which is \$25,000,000 per claim and \$25,000,000 in the aggregate.

SIAC will assume risks previously insured by HAIC during the period 2004 to 2013 via a loss portfolio transfer. The coverage limits in relation to these prior periods remain the same.

Management accrues its best estimate of losses as they occur. Accordingly, management has recorded a liability of approximately \$690,000 and \$761,000 at September 30, 2014 and 2013, respectively, for claims incurred but not reported which is included in accrued pension and other liabilities on the accompanying balance sheets. This liability has been discounted using a 3% discount rate at September 30, 2014 and 2013.

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Malpractice claims have been asserted against the Hospital by various claimants. These claims are in various stages of processing, and some may ultimately be brought to trial. There are known incidents that have occurred through September 30, 2014, that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients in the past. In management's opinion, the outcome of these matters will not have a material effect on the Hospital's financial statements.

9. Commitments and Contingencies

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance that have not been provided for in the accompanying financial statements; however, the possible future financial effects of this matter on the Hospital, if any, are not presently determinable.

10. Functional Expenses

The Hospital provides inpatient and outpatient general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2014</u>	<u>2013</u>
Healthcare services	\$ 67,475,000	\$ 72,404,000
General and administrative	4,602,000	4,938,000
	<u>\$ 72,077,000</u>	<u>\$ 77,342,000</u>

11. Other Operating Revenues

Other operating revenues consist of the following for the years ended September 30:

	<u>2014</u>	<u>2013</u>
Electronic health records incentive payments	\$ 852,995	\$ 977,058
Cafeteria	187,170	220,717
Pharmacy	183,449	178,878
Other	128,845	72,792
Total	<u>\$ 1,352,459</u>	<u>\$ 1,449,445</u>

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The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act. The provisions were designed to increase the use of electronic health record ("EHR") technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology.

In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. EHR incentive payment revenue from Medicare and Medicaid for the years ended September 30, 2014 and 2013, was \$852,995 and \$977,058, respectively, and is included in other operating revenues. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Included in due to third-party reimbursement agencies is a retrospective reserve of \$218,706 and \$378,555 for this purpose as of September 30, 2014 and 2013, respectively. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning OCT 1, 2013 and ending SEP 30, 2014

2013

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Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE MILFORD HOSPITAL, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 300 SEASIDE AVENUE City or town, state or province, country, and ZIP or foreign postal code MILFORD, CT 06460	D Employer identification number (Employees' trust, see instructions.) 06-0646741 E Unrelated business activity codes (See instructions.) 541610 621500
---	---------------------	--	--

C Book value of all assets at end of year 47,049,222.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---	--

H Describe the organization's primary unrelated business activity. ▶ **LABORATORY SERVICES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ **SEE STATEMENT 4**

J The books are in care of ▶ **JOSEPH PELACCIA** Telephone number ▶ **203-876-4230**

		(A) Income	(B) Expenses	(C) Net
Part I Unrelated Trade or Business Income				
1 a Gross receipts or sales	4,591,908.			
b Less returns and allowances	1,760,290.			
c Balance		2,831,618.		
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c		2,831,618.		2,831,618.
4 a Capital gain net income (attach Form 8949 and Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)		641.	STMT 1	641.
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule.) STATEMENT 2		54,662.		54,662.
13 Total. Combine lines 3 through 12		2,886,921.		2,886,921.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)				14
15 Salaries and wages				15 1,794,573.
16 Repairs and maintenance				16 13,821.
17 Bad debts				17 36,103.
18 Interest (attach schedule)				18
19 Taxes and licenses				19 13,338.
20 Charitable contributions (See instructions for limitation rules.)				20
21 Depreciation (attach Form 4562)	21	7,735.		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			22b 7,735.
23 Depletion				23
24 Contributions to deferred compensation plans				24
25 Employee benefit programs				25 490,985.
26 Excess exempt expenses (Schedule I)				26
27 Excess readership costs (Schedule J)				27
28 Other deductions (attach schedule) SEE STATEMENT 3				28 533,152.
29 Total deductions. Add lines 14 through 28				29 2,889,707.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				30 -2,786.
31 Net operating loss deduction (limited to the amount on line 30)				31 0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				32 -2,786.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)				33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				34 -2,786.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded amount (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign country interest, distribution from foreign trusts, and tax-exempt interest received.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation: N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning of year (1), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Total (5), Inventory at end of year (6), Cost of goods sold (7), and Section 263A rules (8).

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.

Signature and Preparer Information section. Includes fields for Sign Here, Signature of officer, Title (CFO/VP OF FINANCE), Date, Print/Type preparer's name (DOUGLAS FARRINGTON), Preparer's signature, Date (8/19/15), Check self-employed, PTIN (P00370668), Firm's name (MARCUM LLP), Firm's EIN (11-1986323), Firm's address (CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103), and Phone no. (860-760-0600).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals 0.			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8 0.				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals 0.			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 1

DESCRIPTION	AMOUNT
INCOME FROM PARTNERSHIP	641.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	641.

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
OTHER INCOME	54,662.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	54,662.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
BLOOD DRAWING FEES	372,382.
SUPPLIES	46,614.
MALPRACTICE INSURANCE	12,586.
HOUSEKEEPING	15,383.
PURCHASING	5,256.
BILLING	549.
PLANT OPERATION	33,932.
AUTO	40,582.
MISCELLANEOUS	5,868.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	533,152.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 4

CORPORATION'S NAME	IDENTIFYING NO
MILFORD HEALTH & MEDICAL, INC.	22-2627346

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE MILFORD HOSPITAL, INC.	Enter filer's identifying number Employer identification number (EIN) or 06-0646741
File by the due date for filing your return. See instructions.	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) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2013** , and ending **SEP 30, 2014** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

SCHEDULE O
(Form 1120)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

OMB No. 1545-0123

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

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

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending SEPTEMBER 30, 2006, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

313335 10-08-13 JWA

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	THE MILFORD HOSPITAL, INC. 06-0646741	14-09					0.	
2	SEABRIDGE CORP & SUB 22-2626962	14-09					0.	
3	TORRY CORPORATION 01-0724230	14-09					0.	
4	MILFORD HEALTH & MEDICAL, INC. 22-2627346	14-09					0.	
5								
6								
7								
8								
9								
10								
11								
12								
Total								

Part III Income Tax Apportionment (See instructions)

		Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 THE MILFORD HOSPITAL, INC.								
2 SEABRIDGE CORP & SUB								
3 TORRY CORPORATION								
4 MILFORD HEALTH & MEDICAL, INC.								
5								
6								
7								
8								
9								
10								
11								
12								
Total								

Schedule O (Form 1120) (Rev. 12-2012)

Part IV Other Apportionments (See instructions)

Other Apportionments						
	(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	THE MILFORD HOSPITAL, INC.		10,000.			
2	SEBRIDGE CORP & SUB		10,000.			
3	TORRY CORPORATION		10,000.			
4	MILFORD HEALTH & MEDICAL, INC.		10,000.			
5						
6						
7						
8						
9						
10						
11						
12						
	Total		40,000.			

Schedule O (Form 1120) (Rev. 12-2012)

Form CT-990T
Connecticut Unrelated Business Income Tax Return

2013

Complete this return in blue or black ink only.

Enter Income Year Beginning **OCTOBER 1**, 2013, and Ending **SEPTEMBER 30**, 2014

Taxpayer (Please type or print)	Organization name <i>(please type or print)</i> THE MILFORD HOSPITAL, INC.	CT Tax Registration Number 6560023
	Address Number and street PO Box 300 SEASIDE AVENUE	DRS use only - -20
	City or town State ZIP code MILFORD, CT 06460	Federal Employer ID Number (FEIN) 06-0646741

Check and Complete All Applicable Boxes If the organization is annualizing its income check here

Change of: Mailing address Closing month (Attach explanation.) Return status: Amended return Initial return Final return

If final return: Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. Number. _____

Type of organization: Corporation Domestic trust Foreign trust Other: Explain _____

1. Date unrelated trade or business began in Connecticut: _____

2. Nature of unrelated trade or business income activity: **LABORATORY SERVICES**

3. Corporation only: Enter state of incorporation: **CT** Date of organization: _____

Date qualified in Connecticut if not incorporated in Connecticut: _____

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income			
1. Federal unrelated business taxable income from 2013 federal Form 990-T, Part II, Line 34	1	-2,786	00
2. Federal net operating loss deduction from 2013 federal Form 990-T, Part II, Line 31	2		00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3		00
4. Total: Add Lines 1, 2, and 3	4	-2,786	00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5		00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	6	-2,786	00

Computation of Tax			
1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3	1	-2,786	00
2. Apportionment fraction from Schedule A, Line 5, page 2. Carry to six places	2	1.000000	
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	3	-2,786	00
4. Operating loss carryover from Schedule B, Line 14 on page 2	4		00
5. Income subject to tax: Subtract Line 4 from Line 3	5	-2,786	00
6. Tax: Multiply Line 5 by 7.5% (.075)	6		00

Computation of Amount Payable			
1. Tax: Include surtax if applicable. See instructions	1		00
2. Reserved for future use	2		
3. Total Tax: Enter the amount from Line 1	3		00
4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1	4		00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5		00
6a. Paid with application for extension from Form CT-990T EXT	6a		00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b		00
6c. Overpayment from prior year	6c		00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c	6		00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	7		00
8. Add Penalty (8a) Interest (8b) CT-1120I Interest (8c)	8		00
9. Amount to be credited to 2014 estimated tax Refunded (9b)	9		00

For a faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.

9c. Checking Savings 9d. Routing number _____

9e. Account number _____ 9f. Will this refund go to a bank account outside the U.S.? Yes

10. Balance due with this return: Add Line 7 and Line 8	10	0	00
---	----	---	----

Visit the DRS website at www.ct.gov/DRS or www.ct.gov/TSC to pay electronically. Taxpayer Service Center

Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014

Make check payable to: Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Name of officer or fiduciary (print) LAURA SMITH	Signature of officer or fiduciary	Date
	Officer's email address (print)		
Keep a copy of this return for your records.	Title CFO/VP OF FINANCE	Telephone number (203) 876-4000	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid preparer's signature 	Date 8/13/15	Preparer's SSN or PTIN P00370668
	Firm's name and address MARCUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	FEIN 11-1986323	Telephone number 860-760-0600

Schedule A - Unrelated Business Income Apportionment: See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
Property (Average value)	1. (a) Inventories	00	00	
	(b) Tangible property	00	00	
	(c) Real property	00	00	
	(d) Capitalized rent	00	00	
	1. Total	00	00	1.000000
Receipts	2. (a) Sales of tangibles	00	00	
	(b) Services	00	00	
	(c) Rentals	00	00	
	(d) Other	00	00	
	2. Total	00	00	1.000000
Wages, salaries, and other compensation	3. Total	00	00	1.000000
	4. Total: Add Lines 1, 2, and 3 in Column C.			3.000000
	5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C</i> , Line 4; and also on front page, <i>Computation of Tax</i> , Line 2.			1.000000

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2013

1. 2000 Connecticut net operating loss available for use in 2013	1.	378,051	00
2. 2001 Connecticut net operating loss available for use in 2013	2.	581,511	00
3. 2002 Connecticut net operating loss available for use in 2013	3.	680,374	00
4. 2003 Connecticut net operating loss available for use in 2013	4.	876,926	00
5. 2004 Connecticut net operating loss available for use in 2013	5.	908,250	00
6. 2005 Connecticut net operating loss available for use in 2013	6.	660,076	00
7. 2006 Connecticut net operating loss available for use in 2013	7.	507,909	00
8. 2007 Connecticut net operating loss available for use in 2013	8.	183,569	00
9. 2008 Connecticut net operating loss available for use in 2013	9.	295,148	00
10. 2009 Connecticut net operating loss available for use in 2013	10.	335,022	00
11. 2010 Connecticut net operating loss available for use in 2013	11.	171,035	00
12. 2011 Connecticut net operating loss available for use in 2013	12.		00
13. 2012 Connecticut net operating loss available for use in 2013	13.		00
14. Total: Add Lines 1 through 13. Enter here and on <i>Computation of Tax</i> , Line 4.	14.	5,577,871	00

Schedule C - Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero	1.	-2,786	00
2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33	2.	1,000	00
3. Subtotal: Add Line 1 and Line 2	3.	-1,786	00
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.	1.000000	
5. 2013 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	-1,786	00

Form CT-990T EXT
Application for Extension of Time to File
Unrelated Business Income Tax Return

2013

See instructions. Complete this return in blue or black ink only.

Enter Income Year Beginning ▶ OCT 1, 2013, **and Ending** ▶ SEP 30, 2014

Taxpayer <small>(Please type or print)</small>	Organization name <i>(please type or print)</i> THE MILFORD HOSPITAL, INC.	CT Tax Registration Number 6560023
	Address Number and street PO Box 300 SEASIDE AVENUE	DRS use only - - 20
	City or town State ZIP code MILFORD, CT 06460	Federal Employer ID Number (FEIN) 06-0646741

Request for six-month extension of time to file Form CT-990T only

Enter above the beginning and ending dates of the organization's income year, Connecticut Tax Registration Number, and FEIN.

Check type of organization: Corporation Domestic trust Foreign trust Other

An application for an extension to file **Form CT-990T**, with payment of tax tentatively believed to be due, must be submitted whether or not an application for federal extension has been approved.

I request a **six-month extension** of time to file **Form CT-990T**, *Connecticut Unrelated Business Income Tax Return*, for calendar year 2013, or until 08/17/15 for fiscal year ending 09/30/14.

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2013, or fiscal year beginning OCTOBER 1, 2013, and ending SEPTEMBER 30, 2014. Yes No

If **No**, the reason for the Connecticut extension is _____

Notification will be sent only if extension request is denied

Tentative Return

Computation	1. Tentative amount of tax due for this income year, including surtax if applicable. See instr. ...	1.		00
	2. <i>Reserved for future use</i>	2.		
	3. Total amount of tax due for this income year: Enter amount from Line 1	3.		00
	4a. Tax credits	4a	00	
	4b. Payments of estimated tax	4b	00	
	4c. Overpayment from prior year	4c	00	
	4. Total tax credits and payments: Add Lines 4a, 4b, and 4c	4.		00
	5. Balance due with this return: Subtract Line 4 from Line 3	5.		0 00

Make check payable to **Commissioner of Revenue Services**. Write the organization's Connecticut Tax Registration Number and "2013 Form CT-990T EXT" on the check and attach it to the return.

Mail this return to: Department of Revenue Services
 State of Connecticut
 PO Box 5014
 Hartford CT 06102-5014

Visit the DRS www.ct.gov/DRS
Taxpayer Service TSC
Center (TSC) Taxpayer Service Center
 at www.ct.gov/TSC to pay
 this return electronically.

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Name of officer or fiduciary <i>(print)</i>	Signature of officer or fiduciary	Date
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Officer's email address *(print)*

Title	Telephone number	
Paid preparer's signature <i>Patricia As</i>	Date 2/10/15	Preparer's SSN or PTIN P01325330
Firm's name and address MARCUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	FEIN 11-1986323	Telephone number 860-549-8500