

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- 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.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **10/01**, 2013, and ending **9/30**, 2014

B Check if applicable:

<input type="checkbox"/> Address change	C The New Milford Hospital, Inc. 21 Elm Street New Milford, CT 06776	D Employer Identification Number 06-0669121
<input type="checkbox"/> Name change		E Telephone number 203-739-8110
<input type="checkbox"/> Initial return		G Gross receipts \$ 64,297,750.
<input checked="" type="checkbox"/> Terminated		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No,' attach a list. (see instructions)
<input type="checkbox"/> Application pending		F Name and address of principal officer: Steven H. Rosenberg 24 Hospital Avenue Danbury, CT 06810

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **NewMilfordHospital.org**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1921** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>New Milford Hospital is an acute care facility dedicated to maintaining and improving the healthcare of members of the New Milford and surrounding communities that it serves.</u>		
	2 Check this box <input checked="" 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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	499
	6 Total number of volunteers (estimate if necessary)	6	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,033,723.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-648,569.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,457,495.	1,807,850.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,721,620.	61,806,759.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	534,161.	683,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,713,276.	64,297,750.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,598,629.	31,395,000.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,363,670.	33,430,911.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	72,962,299.	64,825,911.	
19 Revenue less expenses. Subtract line 18 from line 12	2,750,977.	-528,161.	
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)	61,269,930.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,542,298.	0.

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: *Steven H. Rosenberg* Date: *8/5/15*

Signature of preparer

Steven H. Rosenberg SVP & CFO

Paid Preparer Use Only

Print/Type preparer's name Jennifer Lynch	Preparer's signature <i>Jennifer Lynch</i>	Date 08/05/15	Check <input type="checkbox"/> if self-employed	PTIN P01255855
Firm's name ERNST & YOUNG US LLP	Firm's address 111 MONUMENT CIRCLE STE. 4000 INDIANAPOLIS, IN 46204	Firm's EIN 34-6565596	Phone no. 317-681-7000	

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:

To provide outstanding healthcare to the New Milford and surrounding communities we serve through an uncompromising focus on clinical quality, compassionate care, and the creation of a medical "safe haven" for our patients and their families.

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? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 28,374,174. including grants of \$) (Revenue \$ 35,302,987.)

OUTPATIENT: NMH provides outpatient services to the community. Major services include radiology diagnostic, mammography, ultrasound, behavioral health services, MRI, CT scans and oncology services.

4b (Code:) (Expenses \$ 20,371,201. including grants of \$) (Revenue \$ 17,072,344.)

See Schedule O

4c (Code:) (Expenses \$ 7,219,464. including grants of \$) (Revenue \$ 9,431,428.)

ER AND OTHER: The Emergency Department had 16,638 visits in 2014. Construction of a new Emergency Department was completed in 2014.

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

4e Total program service expenses 55,964,839.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		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? If 'Yes,' complete Schedule C, Part II	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? If 'Yes,' complete Schedule C, Part III		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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		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? If 'Yes,' complete Schedule D, Part VI		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? If 'Yes,' complete Schedule D, Part VII		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? If 'Yes,' complete Schedule D, Part VIII		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? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		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)? If 'Yes,' complete Schedule D, Part X		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14 a 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? If 'Yes,' complete Schedule F, Parts I and IV		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? If 'Yes,' complete Schedule F, Parts II and IV		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? If 'Yes,' complete Schedule F, Parts III and IV		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? If 'Yes,' complete Schedule G, Part I (see instructions)		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? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	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 organizations 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? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
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, Parts II, III, IV, and 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>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2013)

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.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 a	45		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2 a	499		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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 X

Section A. Governing Body and Management

		Yes	No
1 a	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.		
	1 a 9		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1 b 7		
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? See Schedule O	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	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CT
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O) See Sch. O
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Mary Jo Pawlak 21 Elm Street New Milford CT 06776 203-739-8110

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. X

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

1 a 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 dotted 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			
See Schedule O										
(1) John M. Murphy, MD WCHN Pres & CEO	2 48	X		X				0.	1,243,861.	54,487.
(2) Neil Culligan, MD Director	1 2	X						0.	0.	0.
(3) David Kramer, MD Director	1 2	X						0.	0.	0.
(4) David Cyganowski Director	1 2	X		X				0.	0.	0.
(5) Richard G. Jabara Director	1 3	X						0.	0.	0.
(6) Anthea Disney Director	1 2	X						0.	0.	0.
(7) Joseph D. Skrzypczak Secretary	1 2	X		X				0.	0.	0.
(8) Spencer Houldin Director	1 3	X						0.	0.	0.
(9) Brian C. White Director	1 4	X						0.	0.	0.
(10) James Kennedy Chairman	3 7	X		X				0.	0.	0.
(11) D.DeBarba (from 1/1/14) Exec VP & Pres.	1 49			X				0.	1,110,329.	26,151.
(12) Steven H. Rosenberg SVP/CFO & Treas	2 49			X				0.	717,641.	45,409.
(13) D. Weymouth (to 6/1/14) SVP & Exec Dir.	40 0			X				372,111.	0.	18,013.
(14) Donna Kaplanis Asst. Secretary	2 48			X				0.	236,977.	57,460.

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 dotted 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			
(15) Thomas Koobatian SVP	40 10			X			0.	417,446.	49,827.
(16) Damon DeChamplain Director Pt Exper	40 0					X	150,658.	0.	24,947.
(17) Lee Zarger Chief Med Physicst	40 0					X	203,036.	0.	28,335.
(18) Judith Pilch Nurse Manager	40 0					X	142,522.	0.	21,156.
(19) Christian Ward Dir.of Finance	40 0					X	145,831.	0.	40,304.
(20) Kevin Meade Controller	40 0					X	145,208.	0.	18,474.
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							1,159,366.	3,726,254.	384,563.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,159,366.	3,726,254.	384,563.

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 ▶ 51

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIDINE PO BOX 60479 CHARLOTTE, NC 28260	NUTRITIONAL	1,251,824.
LAWNS UNLIMITED 186 CORNWALL RD WARREN, CT 06776	LANDSCAPING SERVICES	110,000.
APOLLO INTL 2150 BOSTON PROVIDENCE HIGHWAY WALPOLE, MA 02081	SECURITY SERVICES	446,402.
PERSANTE SLEEP CARE 130 GAITHER DRIVE MOUNT LAUREL, NJ 08054	SLEEP CTR MANAGEMENT	146,200.
RINALDI LINEN SERVICE 47 COMMONS COURT WATERBURY, CT 06704	LAUNDRY SERVICES	150,572.

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 ▶ 7

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d 1,503,047.				
	e Government grants (contributions)....	1 e 304,803.				
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f				
	g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f.....		1,807,850.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a Patient Service Revenue	621990	34,771,615.	34,771,615.		
	b Medicare/Medicaid	621990	26,001,421.	26,001,421.		
	c Non-Patient Laboratory	621500	1,033,723.		1,033,723.	
	d _____					
	e _____					
	f All other program service revenue ...					
g Total. Add lines 2a-2f.....		61,806,759.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....					
	4 Income from investment of tax-exempt bond proceeds..					
	5 Royalties.....					
	6 a Gross rents	(i) Real	(ii) Personal			
		86,305.				
		b Less: rental expenses				
		c Rental income or (loss) ...	86,305.			
	d Net rental income or (loss).....		86,305.		86,305.	
	7 a Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss).....				
	d Net gain or (loss).....					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	a				
		b Less: direct expenses.....	b			
c Net income or (loss) from fundraising events.....						
9 a Gross income from gaming activities. See Part IV, line 19.....	a					
	b Less: direct expenses.....	b				
	c Net income or (loss) from gaming activities.....					
10 a Gross sales of inventory, less returns and allowances.....	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue		Business Code				
11 a Administrative Services	561000	283,012.		283,012.		
b Cafeteria & Vending	561000	250,004.		250,004.		
c Gift Shop	452000	63,820.		63,820.		
d All other revenue.....						
e Total. Add lines 11a-11d.....		596,836.				
12 Total revenue. See instructions.....		64,297,750.	60,773,036.	1,033,723.	683,141.	

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.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
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.	294,415.	0.	294,415.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	24,523,114.	20,354,185.	4,168,929.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,221,036.	1,013,460.	207,576.	
9 Other employee benefits.	3,846,425.	3,192,533.	653,892.	
10 Payroll taxes.	1,510,010.	1,253,308.	256,702.	
11 Fees for services (non-employees):				
a Management.				
b Legal.	28,086.		28,086.	
c Accounting.	190,930.		190,930.	
d Lobbying.	38,439.		38,439.	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,950,914.	4,109,259.	841,655.	
12 Advertising and promotion.	252.		252.	
13 Office expenses.	999,408.	829,509.	169,899.	
14 Information technology.	73,475.	60,984.	12,491.	
15 Royalties.				
16 Occupancy.	1,195,822.	992,532.	203,290.	
17 Travel.	11,997.	9,958.	2,039.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	47,405.	39,346.	8,059.	
20 Interest.	128,030.	128,030.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	5,477,484.	4,546,312.	931,172.	
23 Insurance.	2,035,151.	1,689,175.	345,976.	
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 <u>Medical Supplies</u>	9,299,984.	9,299,984.		
b <u>WCMG system support</u>	5,969,598.	5,969,598.		
c <u>Dietary Contract</u>	1,158,115.	961,235.	196,880.	
d <u>Maintenance Contracts</u>	935,792.	776,707.	159,085.	
e All other expenses.	890,029.	738,724.	151,305.	
25 Total functional expenses. Add lines 1 through 24e.	64,825,911.	55,964,839.	8,861,072.	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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	2,221,385.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,314,799.	4	
	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 instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,521,171.	8	
	9 Prepaid expenses and deferred charges	371,475.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	33,868,704.	10c
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,972,396.	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	61,269,930.	16	0.	
LIABILITIES	17 Accounts payable and accrued expenses	5,295,097.	17	
	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	
	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	24,247,201.	25	
	26 Total liabilities. Add lines 17 through 25	29,542,298.	26	0.
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	23,332,942.	27	
	28 Temporarily restricted net assets	4,125,215.	28	
	29 Permanently restricted net assets	4,269,475.	29	
	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.	31,727,632.	33	0.	
34 Total liabilities and net assets/fund balances	61,269,930.	34	0.	

BAA

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,297,750.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,825,911.
3	Revenue less expenses. Subtract line 2 from line 1	3	-528,161.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,727,632.
5	Net unrealized gains (losses) on investments	5	
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) See Schedule O	9	-31,199,471.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0.

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.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	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
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

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 New Milford Hospital, Inc.	Employer identification number 06-0669121
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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 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 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?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 the 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 yr 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 yr 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 lns 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2013

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

The New Milford Hospital, Inc.

06-0669121

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,503,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 304,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

The New Milford Hospital, Inc.

06-0669121

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

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

Name of organization The New Milford Hospital, Inc.	Employer identification number 06-0669121
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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
See Part IV			
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		20.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		25,695.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		12,708.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		16.
j Total. Add lines 1c through 1i			38,439.
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 - Description of Lobbying Activity

Only state and local officials were lobbied during 2014. As part of this miscellaneous office expense such as phone, computer supplies, refreshment etc. were incurred and were reflected on line #1i accordingly.

Part IV Supplemental Information (continued)

Part II-B - Description of Lobbying Activity (continued)

Direct contact with legislators and state leaders in support of maintaining patient access to essential services for both the uninsured and the underinsured.

New Milford Hospital CHA dues of \$124,673 had 15.79% or \$19,686 expended on lobbying activities. New Milford Hospital AHA dues of \$24,507 had 23.65% or \$6,009 expended on lobbying activities. Both amounts were reflected on lf.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

Employer identification number

The New Milford Hospital, Inc.

06-0669121

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

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

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

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

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

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

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

1 a 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	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

4 Describe in Part 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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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

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

Part IX Other Assets.

N/A

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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	64,297,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments.....	2 a		
	b Donated services and use of facilities.....	2 b		
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	64,297,750.
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.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.).....		5	64,297,750.

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	64,825,911.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	64,825,911.
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.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.).....		5	64,825,911.

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.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2013

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If 'No,' skip to question 6a.	X	
1b If 'Yes,' was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to the 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:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400.0</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 discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>600.0</u> %		
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, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the 'medically indigent'?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If 'Yes,' did the organization's financial assistance expenses exceed the budgeted amount?		X
5c If 'Yes' to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If 'Yes,' did the organization make it available to the public?	X	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7 Financial Assistance and Certain Other Community Benefits at Cost

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)			737,981.	205,443.	532,538.	0.82
b Medicaid (from Worksheet 3, column a)		8,307	8,198,705.	5,779,094.	2,419,611.	3.73
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs ...	0	8,307	8,936,686.	5,984,537.	2,952,149.	4.55
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	152	6,871	273,220.	37,555.	235,665.	0.36
f Health professions education (from Worksheet 5)	1	1	396.		396.	0.
g Subsidized health services (from Worksheet 6)		633	906,705.	623,085.	283,620.	0.44
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8) ..						
j Total. Other Benefits	153	7,505	1,180,321.	660,640.	519,681.	0.80
k Total. Add lines 7d and 7j.	153	15,812	10,117,007.	6,645,177.	3,471,830.	5.35

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1	1	347.		347.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	5	6,176	74,770.		74,770.	0.12
7 Community health improvement advocacy	2	263	2,051.		2,051.	
8 Workforce development						
9 Other						
10 Total	8	6,440	77,168.	0.	77,168.	0.12

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	1	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and rationale, if any, for including this portion of bad debt as community benefit	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	20,760,082.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	30,624,628.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-9,864,546.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		Part VI

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If 'Yes,' did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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 New 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 checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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: <u>2012</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. Part V	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. Part V	X	
5 Did the hospital facility make its CHNA widely available to the public?	X	
If 'Yes,' indicate how the CHNA was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>http://www.newmilfordhospital.org</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>http://www.chime.org</u>		
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 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 type="checkbox"/> Prioritization of health needs in its community		
h <input 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	
8 a 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
b 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) New Milford Hospital, Inc. Copy 1 of 1

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?..... If 'Yes,' indicate the FPG family income limit for eligibility for free care: <u> 400 </u> % If 'No,' explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care?..... If 'Yes,' indicate the FPG family income limit for eligibility for discounted care: <u> 600 </u> % If 'No,' explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients?..... If 'Yes,' indicate the factors used in determining such amounts (check all that apply):	X	
	a <input checked="" type="checkbox"/> Income level		
	b <input checked="" type="checkbox"/> Asset level		
	c <input checked="" type="checkbox"/> Medical indigency		
	d <input checked="" type="checkbox"/> Insurance status		
	e <input checked="" type="checkbox"/> Uninsured discount		
	f <input checked="" 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?..... If 'Yes,' indicate how the hospital facility publicized the policy (check all that apply):	X	
	a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
	b <input type="checkbox"/> The policy was attached to billing invoices		
	c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
	d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
	e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
	f <input checked="" type="checkbox"/> The policy was available on request		
	g <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?.....	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine 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 a 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?..... If 'Yes,' check all actions in which the hospital facility or a third party engaged:		X
	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)

New Milford Hospital, Inc. Copy

1 of 1

18 Indicate which efforts the hospital facility made before initiating any of the actions checked 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

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

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

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

Part V Facility Information (continued)

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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.

Part V, Line 3 - Account Input from Person Who Represent the Community

Facility: New Milford Hospital, Inc.

Provide effective strategies to improve community health involve active collaboration and commitment among health providers, public and community health agencies, educators, worksites, community and faith-based organizations and groups, and the public they serve.

The organization collaborates with community partners for assessment of community health needs and action planning. New Milford Hospital, and its affiliate partner, Danbury Hospital, participated in the development of a Community Report Card for the Housatonic Valley Region, a 10-district municipality that includes Danbury and New Milford, CT. The other eight towns are Bridgewater, Brookfield, New Fairfield, Newtown, Redding, Ridgefield and Sherman, CT, all towns within the primary service area of both hospitals. Developing a plan for health improvement in our region involves collective action by and sharing of expertise and resources across agencies and organizations in both the public and private sectors.

Part V, Line 4 - List Other Hospital Facilities that Jointly Conducted Needs Assessment

Facility: New Milford Hospital, Inc.

New Milford Hospital, and its affiliate partner, Danbury Hospital, participated in the development of a Community Report Card for the Housatonic Valley Region, a 10-district municipality that includes Danbury and New Milford, CT.

Part V, Line 14g - Other Means Hospital Facility Publicized the Policy

Facility: New Milford Hospital, Inc.

New Milford Hospital has messages on all statements providing how the patient can get assistance with their Hospital bill. Counselors are also available to provide further assistance.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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 6a - Related Organization Community Benefit Report

Part I, Line 6a & 6b: The Community Benefit report is reported on a Network basis.

It contains the organization's community benefit programs and services' descriptions and financial data. The form is made available to the public on the Office of Health Care Access' website:

http://www.ct.gov/dph/lib/dph/ohca/hospitalfillings/2012/irs990/nmilf990_hospital_2012.pdf

Part I, Line 7 - Explanation of Costing Methodology

Part I, Line 7 - Explanation of Costing Methodology

Charity Care At Cost Percentage:

Total Gross Patient charges written off to charity (Income Statement) * Patient Cost to Charge % (see below) = Total Community Benefit Expense

Total Community Benefit Expenses - Revenue from Uncompensated Care Pools and programs (DHS * % of cost of uncompensated care shown on the OCHA Schedule 500) = Net community benefits expenses

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
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- 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 7 - Explanation of Costing Methodology (continued)

Net community benefits expenses * total expenses = % of total expenses Ratio Cost To
Charge Calculation

Total Operating Expenses divided by Adjusted Patient Care Cost (Bad Debt, Other
Operating Income and Intercompany Income are removed from the total operating
expenses) Adjusted Patient Care Cost divided by Gross Patient Charges

Ratio Cost To Charge Calculation:

Total Operating Expenses divided by Adjusted Patient Care Cost
(Bad Debt, Other Operating Income and Intercompany Income are removed from the total
operating expenses)

Adjusted Patient Care Cost divided by Gross Patient Charges= Ratio of patient care
costs to charges

Part I, Line 7g - Costs Associated With Physicans Clinics

Part I, Line 7g - Costs Associated With Physicans Clinics

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
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- 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 7g - Costs Associated With Physicians Clinics (continued)

There are no physician clinics included in this amount.

Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense

The ratio of cost to charges is applied to the bad debt expense on the audited financial statements.

Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit

It is the policy of the Hospital to provide necessary care to all persons seeking treatment without discrimination on the grounds of age, race, creed, national origin or any other grounds unrelated to an individual's need for the service or the availability of the needed service at the Hospital. A patient is classified as a charity care patient by reference to 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 federal poverty income guidelines, but also includes certain cases where incurred charges are significant when compared to a responsible party's income and their countable assets. Those charges are not included in net patient service. Because New Milford Hospital is not reimbursed for any bad debt write offs, those amounts are considered to be a community benefit.

When private pay patients are sent to the collection agency their account is

Part VI Supplemental Information

Complete this part to provide the following information.

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- 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 III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit (continued)

considered to be a bad debt. Subsequently, Medicaid may be granted for some of those patients. At that time those accounts would become charity care or a community benefit.

Part III, Line 4 - Bad Debt Expense

The Hospital's estimation of the allowance for uncollectible accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of the Hospital's collection efforts. The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded. On a monthly basis, the Hospital reviews its accounts receivable balances and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following:

Historical write-off and collection experience using a hindsight or look-back approach;

Revenue and volume trends by payor, particularly the self-pay components;

Changes in the aging and payor mix of accounts receivable, including increased

Part VI Supplemental Information

Complete this part to provide the following information.

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- 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 III, Line 4 - Bad Debt Expense (continued)

focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients;

Cash collections as a percentage of net patient revenue less the provision for bad debt; and

Trending of days revenue in accounts receivable

The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for uncollectible accounts.

The amount of the allowance for uncollectible accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage, and other collection indicators.

The Hospital's primary concentration of credit risk is patient accounts receivable,

Part VI Supplemental Information

Complete this part to provide the following information.

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Part III, Line 4 - Bad Debt Expense (continued)

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 uncollectible amounts. Significant concentrations of gross patient accounts receivable include 41% and 6%, and 37% and 5%, for Medicare and Medicaid, respectively, at September 30, 2014 and 2013, respectively.

Part III, Line 8 - Explanation Of Shortfall As Community Benefit

New Milford Hospital's Medicare shortfall should be treated as a community benefit as the organization strives to provide 24/7 coverage, improved patient access, highest clinical quality as well as addressing the needs of the community by offering critical services to our geographic area. As a result, the organization must balance the cost of these programs against the continued decreasing government reimbursement levels, uninsured population and community needs.

A cost accounting system is used to calculate the shortfall, which is Medicare Net Patient Revenue less applicable costs.

Part III, Line 9b - Provisions On Collection Practices For Qualified Patients

It is the policy of the hospital to provide "financial assistance" (either free care of reduced patient obligations) to persons or families where: (I) There is limited

Part VI Supplemental Information

Complete this part to provide the following information.

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- 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 III, Line 9b - Provisions On Collection Practices For Qualified Patients (continued)

or no health insurance available; (II) The patient fails to qualify for governmental assistance (for example Medicare or Medicaid); (III) The patient cooperates with the hospital in providing the requested information; (IV) The patient demonstrates financial need and (V) The hospital makes an administrative determination that financial assistance is appropriate.

After the hospital determines that a patient is eligible for financial assistance, the hospital will determine the amount of financial assistance available to the patient by utilizing the charitable assistance guidelines which are based upon the most recent federal poverty guidelines. The hospital shall regularly review this financial assistance policy to ensure that at all times it: (I) Reflects the philosophy and mission of the hospital; (II) Explains the decision process of who may be eligible for financial assistance and in what amounts and (III) Complies with all applicable state and federal laws, rules and regulations concerning the provision of financial assistance to indigent patients. Consistent with its mission, the hospital recognizes its obligation to the community it serves to provide financial assistance to indigent persons within the community. In furtherance of its charitable mission, the hospital will provide both (I) emergency treatment to any person requiring such care; and (II) essential, non-emergent care to patients who

Part VI Supplemental Information

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- 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 III, Line 9b - Provisions On Collection Practices For Qualified Patients (continued)

are permanent residents of its primary service area who meet the conditions and criteria set forth in this policy, without regard to the patients' ability to pay for such care. Elective procedures generally will not be considered essential, non-emergent care and usually will not be eligible for financial assistance. The hospital will collect from individuals on financial assistance if they received a partial charitable discount. All patients can apply for charitable care on balances they feel that they cannot afford.

Part VI - Needs Assessment

Part VI, Line 2: Needs Assessment: The Community Forum was attended by 37 community stakeholders from the Housatonic Valley Region (HVR). This included representatives from 5 Health Departments/Districts (Danbury, New Milford, Bethel, Newtown, and Pomperaug), Western CT Health Network, Danbury EMS, the Bethel Visiting Nurse Association, the United Way of Western CT, the Regional YMCA, the Housatonic Valley Coalition Against Substance Abuse, the Mid-Western CT Council on Alcoholism, the AmerCares Free Clinic, the CIFC Community Health Center, Doctor's Express Urgent Care Center, the Regional Educational Service Center, the Danbury Fire Department, the New Milford Senior Center, and the Peter and Camen Lucia Buck Foundation. Two community health conversations with key community stakeholders in October 2012 - held in two locations (Danbury and New Milford, CT) to ensure accessibility by key

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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 VI - Needs Assessment (continued)

stakeholders throughout the region. Attendees included a total of 52 representatives from hospitals; community health centers; school-based health centers; Visiting Nurse Associations/Services; municipal health, education, social service, senior centers and fire departments; non-profit organizations; and a legislator's office. Geographically, all 10 HVR municipalities were represented either directly or through regional agencies and organizations.

The Western CT Health Network (of which New Milford Hospital is a part) conducted a Physician Resource Assessment to evaluate the supply of healthcare providers within its combined service area towns. This is done to document community need for healthcare providers, and to develop a plan to the healthcare needs of the community served.

Part VI - Patient Education of Eligibility for Assistance

PART VI, LINE 3: The Hospital has messages on all statements providing information regarding how the patient can get assistance with their hospital bill. Also signs are posted throughout the hospital and counselors are available to provide further assistance. All uninsured inpatients are interviewed by financial counselors and assessed for eligibility for assistance programs. The hospital provides informational handouts to all uninsured patients at the time of registration which

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
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- 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 VI - Patient Education of Eligibility for Assistance (continued)

refers them to financial counseling if they would like assistance with their bills.

Further, the hospital mails notices to all self-pay accounts referring them to

financial counseling if they need assistance. The collection department will also

refer patients to financial counseling when a patient indicates that they cannot

afford their balances; and finally, schedulers refer uninsured patients to financial

counseling prior to their test or procedure. The policy and applications for

assistance are also available online.

Part VI - Community Information

Part VI, Line 4: Community Information: New Milford Hospital serves an area with a

population of about 48,000 people. The Primary Service Area includes New Milford,

Washington, Kent and Bridgewater (in CT), and the Secondary Service Area includes

Sherman, Roxbury and Cornwall (in CT) and Wingdale (in NY). This service area is

comprised of the suburban Town of New Milford surrounded by moderately affluent

residential and rural towns. No other general medical/surgical hospitals are located

in this service area. New Milford has a median household income of \$84,110, and a

poverty rate of 4.6%. The uninsured population rate is estimated to be 9.3%.

Although the population of the primary and secondary service areas is expected to

remain virtually level from 2010 to 2015, the cohort aged 65 and over is expected to

increase by 4.64%, while the age 20-44 age cohort is forecast to decline 1.57% over

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
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- 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 VI - Community Information (continued)

the same time period.

Part VI - Community Building Activities

Relates to Line #6, Coalition Building totalling \$74,770:

Part II: Community Building Activities: Western Connecticut Health Network (WCHN)

participates as a member of a regional collaborative representing the Housatonic

Valley Region and ten municipalities. A Steering Committee comprised of health care

providers, community-based providers, and local government agencies met quarterly to

oversee a community health improvement plan (CHIP) that was developed utilizing data

from a report card and previous community conversations that focused on four

priority health indicators (PHI). Each indicator has objectives, strategies and work

groups that carry out these objectives: The four PHI workgroups have designated a

leader and met at least quarterly to further develop and refine their action plans.

During April 2014 the Center for Health Schools & Communities @ Education Connection

facilitated a Community Forum to provide a "feedback loop" to community stakeholders.

Overall, data obtained from the Conversations provided high quality information to

frame the beginning of a community health improvement change process in the region.

1. Prevention and Education of Most Prevalent Chronic Diseases/Health Conditions:

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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.
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- 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 VI - Community Building Activities (continued)

Obesity, Type 2 diabetes, and hypertension were identified as the most prevalent health conditions in the community. The PHI team goals are to increase healthy eating options, enhance access to physical activities, and promote a universal healthy lifestyle. In July 2014, the PHI team received the YMCA Diabetes Prevention Program Grant which was used to fund their diabetes prevention program. The team also participated in National Walk Day, which garnered over 150 people from the Housatonic Valley Region and formation of 3 community walking groups. A wellness campaign building on the "5, 2, 1, 0 Let's Go" messaging and collaboration with health providers, schools and businesses is being developed.

2. Improving Access/Utilization to Substance Abuse and Mental Health Services:

Mental health issues and substance abuse continue to be prevalent issues in the community. This PHI team is collaborating with 12 Local Prevention Councils, the CT Prevention Framework, and other entities to increase outreach efforts. Their goals are to identify gaps in services and access, provide education, and increase awareness regarding services and programs. There is awareness to vulnerable target groups in need of enhanced services and supports, such as the homeless population and youth. The team worked to improve education and information dissemination, and supported integration of a "question-persuade-refer" model for suicide prevention.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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.
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- 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 VI - Community Building Activities (continued)

3. Improve Assessment and Service Planning to Senior Health: Senior citizens, particularly homebound elderly and immigrants, are in need of assessment and service planning to address their health, housing, and social support needs. The main goal is to increase awareness, services, and education for senior health. This team is supporting and collaborating with the Aging in Place initiatives funded by the Peter and Carmen Lucia Buck Foundation, which includes the "Safe at Home" program that delivers home safety items to seniors.

4. Improve Awareness and Utilization of Existing Health and Social Programs/Services: This team focused on enhancing awareness and utilization of existing programs and services in the community, including support of Infoline 2-1-1 and 5 Health Access CT Assistor sites by target populations. It also established a partnership with FamilyWize to provide promotional materials for distribution to health providers and key community sites.

The individual CHIP Steering Committee members, including WCHN, support the importance of shared commitment and responsibility in development and execution of its recommended action plans for health improvement.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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.
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Part VI - Community Building Activities (continued)

Relates to line #2, Economic Development and line #7, Community Health Improvement

Advocacy totalling \$2,398:

Part II: Community Health Improvement Advocacy: Largely state and local elected officials and agency heads were lobbied in support of maintaining patient access to essential services for the uninsured and underinsured. As part of this effort, miscellaneous expenses are noted in Part II-B 1i.

Part VI - Explanation Of How Organization Furthers Its Exempt Purpose

Part VI, Line 5: Promotion of community health. New Milford Hospital served 994,504 persons through over 253 health events. One of the highest impact outreach activities includes 11,650 individuals served through several health fairs.

Attendees were offered cancer and blood pressure screenings, and received information on topics ranging from integrative medicine, nutrition, orthopedic advancements and Lyme Disease.

Over 50% of the Board Members are independent and do not get paid by New Milford Hospital. New Milford Hospital also has an open medical staff.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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.
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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Surplus funds are used to provide innovative technology to clinical care in addition to expanding our service area.

Part VI - Affiliated Health Care System Roles and Promotion

Part VI, Line 6: Western Connecticut Health Network (WCHN) is an integrated health care delivery system comprised of three community hospitals and their affiliated entities. In addition to New Milford, Danbury and Norwalk Hospitals, the continuum of care includes a large medical group, home health care services, a nationally renowned biomedical research institute, the WCHN and Norwalk Hospital Foundations, and other related affiliates. WCHN's mission is to improve the health of every person we serve through the efficient delivery of excellent, innovative and compassionate care. For 2014, WCHN provided \$10,362,060 in total charity care.

New Milford, Danbury and Norwalk Hospitals provide medical services to the community regardless of the individual's ability to pay. Services include routine inpatient ancillary and outpatient care in support of the hospital's mission statement, to improve the health and well-being of those we serve. For 2014, WCHN provided charity care in the following amounts: Norwalk Hospital \$4,331,000, Danbury Hospital \$4,731,000, and New Milford Hospital \$346,000.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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.
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- 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 VI - Affiliated Health Care System Roles and Promotion (continued)

Western Connecticut Medical Group/Norwalk Hospital Physicians & Surgeons: The mission of Western Connecticut Medical Group is to provide safe, innovative, convenient and coordinated primary and specialty health care in the communities they serve and strive to be aware of and respond to their patients' needs. They support a commitment to advance the health and well-being of individuals in their community by delivering quality care, participating in medical research and medical residency programs and the provision of medical services to patients. For 2014, WCMG/NHP&S provided \$880,627 in charity care.

Western Connecticut Health Network Foundation Inc.'s mission is to raise funds, reinvest and administer these funds and make distributions to New Milford Hospital and other not-for-profit health care affiliates.

Western Connecticut Health Network Affiliates principal purpose is to provide outpatient health care services in various locations and also provide ambulance services to Danbury and surrounding towns, while serving those that cannot afford the care. For 2014, WCHN Affiliates provided \$1,454 in charity care.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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.
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- 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 VI - Affiliated Health Care System Roles and Promotion (continued)

Western Connecticut Home Care, Inc. (WCHC) provides state of the art clinical services ranging from pediatric patients to the elderly utilizing best practice in home care to meet the needs of their patients. For 2014, WCHC provided \$70,695 in charity care.

Eastern New York Medical Services (ENYMS) was formed in April, 2013. The mission at ENYMS is to provide safe, innovative, convenient and coordinated primary and gastro health care in the communities we serve and strive to be aware of and respond to our patients' needs. For 2014, ENYMS provided \$1,284

Part VI - States Where Community Benefit Report Filed

CT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
 ▶ Attach to Form 990. ▶ See separate instructions.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

Part I Questions Regarding Compensation

		Yes	No
1 a 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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<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.		1 b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 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 type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input 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?		4 a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4 b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?		4 c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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?		5 a	X
b Any related organization?		5 b	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?		6 a	X
b Any related organization?		6 b	X
If 'Yes' to line 6a or 6b, describe in Part III. 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	

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

Schedule J (Form 990) 2013

Part III 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 columns (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 and incentive compensation	(iii) Other reportable compensation				
1 John M. Murphy, MD WCHN Pres & CEO	821,391.	412,534.	9,936.	12,750.	41,737.	1,298,348.	0.
2 D.DeBarba (from 1/1/14) Exec VP & Pres.	632,299.	445,600.	32,430.	11,475.	14,676.	1,136,480.	0.
3 Steven H. Rosenberg SVP/CFO & Treas	505,212.	185,034.	27,395.	12,750.	32,659.	763,050.	0.
4 D. Weymouth (to 6/1/14) SVP & Exec Dir.	312,077.	60,034.	0.	12,750.	5,263.	390,124.	0.
5 Donna Kaplanis Asst. Secretary	177,102.	40,034.	19,841.	24,188.	33,272.	294,437.	0.
6 Thomas Koobatian SVP	344,670.	70,921.	1,855.	15,300.	34,527.	467,273.	0.
7 Damon DeChamplain Director Pt Exper	149,863.	0.	795.	7,493.	17,454.	175,605.	0.
8 Lee Zarger Chief Med Physicst	200,863.	1,021.	1,152.	8,264.	20,071.	231,371.	0.
9 Judith Pilch Nurse Manager	142,115.	0.	407.	12,043.	9,113.	163,678.	0.
10 Christian Ward Dir.of Finance	145,711.	0.	120.	9,178.	31,126.	186,135.	0.
11 Kevin Meade Controller	144,419.	0.	789.	7,554.	10,920.	163,682.	0.
12							
13							
14							
15							
16							

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, for Part II. Also complete this part for any additional information.

Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

Western Connecticut Health Network has established two Senior Executive Retirement

Plans (SERP) to give supplemental retirement benefits to key members of the executive

group. For both SERPs, amounts promised under these plans are based on targeted

retirement benefits. The payment of benefits under the plans are subject to

vesting. The benefits at the vested age are provided in the form of an actuarial

equivalent lump sum plus tax gross-up amount to the participants.

During the fiscal year ended September 30, 2014, there were no participants in the old SERP plan.

No payments were made to either Dr. John Murphy, President and CEO and Steven H. Rosenberg, CFO, participants of the new SERP plan.

Part I, Line 6 - Compensation Contingent On Net Earnings Or Related Organization

Part I, Line 6 - Compensation Contingent On Net Earnings Or Related Organization

Summary of Executive Incentive Plan

The Plan is administered by the Executive Compensation Committee of Western

Connecticut Health Network, Inc.

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, for Part II. Also complete this part for any additional information.

Part I, Line 6 - Compensation Contingent On Net Earnings Or Related Organization (continued)

Eligibility to participate in the Plan is limited to those who are in positions in which their decisions, actions and counsel significantly affect the operations of Western Connecticut Health Network, Inc. and its subsidiaries.

The Committee will establish the target award opportunity (expressed as a percentage of base salary) for each participant in the Plan.

Prior to the beginning of each Plan year, or as soon thereafter as practicable, performance measures are established for each participant in the Plan.

Incentive awards are modified or eliminated if the level of performance specified is not achieved.

Notwithstanding any other provision of the Plan, incentive awards can be affected based on individual executive performance.

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization

Employer identification number

The New Milford Hospital, Inc.

06-0669121

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distributio	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	Single License With Danbury Hospital	10/01/14	34,128,301	Cost	06-0646597	Danbury Hospital 24 Hospital Avenue Danbury, CT 06810-6099	501 (C) (3)

- 2 Did or will any officer, director, trustee, or key employee of the organization:
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2 a		X
2 b		X
2 c		X
2 d		X

CERTIFICATE OF MERGER

OF

NEW MILFORD HOSPITAL, INC.
(a Connecticut nonstock corporation)

WITH AND INTO

THE DANBURY HOSPITAL
(a Connecticut nonstock corporation)

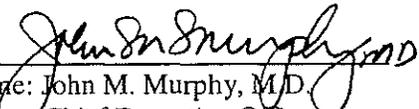
**(Under Connecticut General Statutes Section 33-1157
of the Connecticut Revised Nonstock Corporation Act)**

Each of the parties to the merger hereby certifies that:

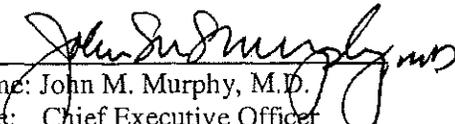
1. The names of the parties to the merger are as follows:
 - (a) The Danbury Hospital, a Connecticut nonstock corporation ("DH"); and
 - (b) New Milford Hospital, Inc. ("NMH"), a Connecticut nonstock corporation.
2. The name of the corporation that will survive the merger is The Danbury Hospital (the "Surviving Corporation").
3. The date on which the merger is to be effective is as of 12:01 a.m. on October 1, 2014 at 12:01 A.M.
4. The Board of Directors of DH approved the plan of merger at a meeting held on September 11, 2014, in the manner required by Sections 33-1000 to 33-1290, inclusive, of the Connecticut Revised Nonstock Corporation Act (the "Act") and the certificate of incorporation of DH, and the Board of Directors of NMH approved the plan of merger at a meeting held on September 11, 2014, in the manner required by Sections 33-1000 to 33-1290, inclusive, of the Act, and the certificate of incorporation of NMH.
5. The plan of merger was duly approved by Western Connecticut Health Network, Inc., as the sole member of DH and NMH, at a meeting held on September 11, 2014, in the manner required by Sections 33-100 to 33-1290, inclusive, of the Act.

IN WITNESS WHEREOF, the parties hereto have caused this Certificate of Merger to be executed by their respective duly authorized officers as of this ___ day of September, 2014.

THE DANBURY HOSPITAL

By: 
Name: John M. Murphy, M.D.
Title: Chief Executive Officer

NEW MILFORD HOSPITAL, INC.

By: 
Name: John M. Murphy, M.D.
Title: Chief Executive Officer

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 New Milford Hospital, Inc.

Employer identification number

06-0669121

FORM 990, PART VII (ADDT'L INFORMATION)

For those officers and top 5 employees, for which only 40 hours is noted to reflect paid hours, actual hours worked exceeded this amount.

Note: All amounts in column F, of Part VII, "Estimated Amount of Other Compensation", represent benefits, and do not reflect any compensation for which the average amount of time worked can be reflected.

FORM 990, PART IX, COLUMN D

ALTHOUGH CONTRIBUTIONS ARE REFLECTED ON LINE #1 OF PAGE #1 ON FORM 990, ALL FUNDRAISING EXPENSES WERE INCURRED BY THE Western Connecticut Health Network Foundation.

FORM 990, PART VI, LINE #6

Western Connecticut Health Network, Inc. is the sole member of New Milford Hospital.

FORM 990, PART VI, LINE 7A

The sole member shall be responsible for electing, at the annual meeting of the membership, the members of the Board of Directors of the Hospital to serve for three year terms and until their successors are elected and have qualified.

FORM 990, PART VI, LINE 7B

The duties and responsibilities of the sole member shall include, among others, the following:

Electing at the annual meeting of the membership, the members of the Board of Directors of the hospital to serve for three year terms and until their successors are elected and have qualified:

Filling vacancies on the Board of Directors, which occur between elections;

Name of the organization The New Milford Hospital, Inc.	Employer identification number 06-0669121
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reviewing, making, and approving changes in the bylaws; insuring that the objective, purposes and goals of New Milford Hospital as stated in the charter of the New Milford Hospital, Inc. are properly and effectively carried out by the Board of Directors; delegating as appropriate, to the Board of Directors, policy-making functions, the supervision of the Hospital's operations and the control over the Hospital's assets.

FORM 990, PART VI, SECTION A, LINE 1b

Neil Culligan, MD is not considered to be independent, since he received stipends during the year exceeding \$10,000.

Form 990, Part III, Line 3 - Ceased Conducting or Significant Changes To Services

The New Milford Hospital, Inc. is operating under a single license with Danbury Hospital as of October 1, 2014.

Form 990, Part III, Line 4b - Program Service Accomplishments

During 2014, New Milford Hospital has experienced meaningful change, delivered life-changing experiences, confronted serious issues and achieved significant progress. We are proud of the remarkable progress we have made during a challenging and ultimately rewarding year. As we continue to chart a new path to the future of healthcare we focus on the real results that people and investments can create. The best healthcare comes from combining top medical care with a personal touch provided by our team of dedicated professionals. That's how we improve the health of our communities, one person at a time.

We view 2014 as a year of progress on many fronts. We are expanding cancer care, women's health and emergency services. We have integrated laboratory and radiology services to offer more access and improve efficiency. Professional cooperation between our physicians, support staff and hospitals has never been stronger.

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

Form 990, Part III, Line 4b - Program Service Accomplishments

Accountable Care is a delivery concept that ties provider reimbursements to specific quality measures, patient satisfaction, efficiencies and reductions in the total cost of care for a particular population of patients. An Accountable Care Organization (ACO) is designed to reward improvements in healthcare quality by sharing the savings that result from a more comprehensive continuum of care that yields better patient outcomes at every level of intervention. At the same time, a hospital that fails to meet minimum measures is put on notice that they will eventually be penalized with reduced reimbursements if they do not improve in a number of areas.

A sampling of our recent awards, accolades and achievements are as follows:

Gold Award Plow to Plate Quality Initiative, 2012--CT Quality Improvement Assoc.

Plow to Plate Recognition in Community Connections, 2012--American Hospital Assoc.

Commission on Cancer 3 Year Accreditation with Commendation, 2009-2011--Commission on Cancer

Regional Cancer Center Accreditation in Radiation Oncology, 2011-2013--American College of Radiology

Regional Cancer Center Accreditation as a Breast Center, 2012--National Accreditation Program for Breast Centers

In late 2011, the establishment of ACOs became an important feature of the Affordable Care Act when the Centers for Medicare and Medicaid Services (CMS) issued a set of guidelines for healthcare providers like New Milford Hospital. To address the overall goal to improve healthcare quality, CMS specifies five domains by which they and provider participants can monitor performance quality:

Name of the organization

Employer identification number

The New Milford Hospital, Inc.

06-0669121

Form 990, Part III, Line 4b - Program Service Accomplishments

-Patient/caregiver experience

-Care coordination

-Patient safety

-Preventive health

-Care of at-risk populations including the frail elderly

In 2014, New Milford Hospital acted to meet and, where possible, exceed these goals.

New Milford Hospital strives every day to protect and promote the health and wellness of each of our patients and to provide access to the highest quality care, regardless of their ability to pay. Whether it is through creative prevention partnerships, the management of chronic illness, or connecting patients to appropriate community services, we are devoted to serving our neighbors in need. We are especially vigilant now during these difficult economic times, focusing on disparities in care, older adult health needs, substance abuse and mental health and improving awareness of existing health services and supports. Moreover, we must pursue outreach programs that address such major health issues as heart disease and cancer. Some of our most effective health and wellness initiatives are offering a stable safety net of medical care and support services for our most vulnerable and at-risk neighbors living with serious mental health and substance abuse issues.

Achievements of 2014 show a new picture emerging: a coordinated and strong health care partner that preserves the caring spirit of a community hospital with a contemporary operation that reflects the best of modern healthcare. As we approach the opportunities of 2015, we will continue to invest in our future to help our communities experience this new picture of health.

Name of the organization

Employer identification number

The New Milford Hospital, Inc.

06-0669121

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Richard Jabara and James Kennedy, both directors of New Milford Hospital have a business relationship.

Form 990, Part VI, Line 11b - Form 990 Review Process

Steven Rosenberg, CFO, will review the 990 prior to it being sent to the IRS. A preliminary 990, is presented to the Audit Committee in June, who reviews it on behalf of the Board. E&Y is on hand to review the 990 with the Audit Committee and answer any questions. Prior to the 990 being filed with the IRS, the Board will receive a full and accurate copy on a secured website for their review.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Organization's Process for Monitoring and Enforcing Conflicts of Interest

The Western Connecticut Health Network and its affiliates' (The Network) Conflict of Interest Policy provides that annually, its Representatives shall sign a statement affirming that they disclosed all potential conflicts, as documented in the Conflict of Interest Policy. In addition, General Counsel is part of the routine contracts review process and watches for potential conflicts with any of The Network's Representatives.

Who Is Covered By the Policy

The Network's Conflict of Interest Policy covers each director, officer and manager of The Network, also referred to as "Representatives".

Level At Which Determinations of Whether There Is a Conflict

In connection with any actual or possible conflict of interest, an interested person

Name of the organization The New Milford Hospital, Inc.	Employer identification number 06-0669121
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Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

must disclose the facts of the conflict. The Compliance Officer and the Audit Committee review and evaluate each disclosure to determine if there is a conflict of interest.

After presentation of a potential transaction or arrangement is made by an interested person, the remaining disinterested Board or Committee members shall decide if a conflict of interest exist.

Level That Reviews and Determines What To Do If There Is a Conflict

After exercising due diligence the full Board would determine what actions should be taken for all conflicts by Officers and Directors. Any conflicts occurring by a manager are reviewed by the Compliance Committee to determine what further action should be taken.

Restrictions on The Conflicted Person

No director having a conflict of interest on any matter shall vote on that matter or be counted in determining the quorum for the meeting at which the vote is taken, even when permitted by law. No Representative having a conflict of interest on any matter shall use his or her personal influence on the matter.

If the Board of Directors, in its sole discretion, determines that any Representative has conflicts of interest sufficient in number and/or importance that the effectiveness of such individual on behalf of The Network may be significantly impaired, the Board may ask the individual to resign.

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management

Compensation of CEO:

In order to achieve its mission and its overall performance objectives, Western Connecticut Health Network, Inc. employs a performance-based total compensation program for its senior executives that is market competitive, compliant with regulatory guidelines, and representative of best practices. Eligible executives are generally direct reports of the CEO along with other executives designated by the CEO.

To meet Western Connecticut Health Network Inc.'s total compensation objectives for executives, the following survey sources are used for comparison purposes:

-Blend of national Confidential Source, IHS, and Hay Group points healthcare data (where data available), plus 15% geographic differential. Title match data cuts selected based on revenue size.

-For Physician executives, surveys covering physician compensation in accredited medical schools (AAMC) are used in combination with proprietary surveys compiled by nationally known consulting firm, Sullivan Cotter and the Medical Group Management Association (MGMA).

Western Connecticut Health Network, Inc. targets cash compensation at market competitive levels. Base salary plus short-term (annual) incentive awards (total cash) approximate market competitive levels for total cash compensation. Executive performance is expected to meet or exceed predetermined operational and financial

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management (continued)

metrics.

Other factors, such as competitive market forces, job performance, unique qualifications, and/or individual job responsibilities are also considered in Western Connecticut Health Network, Inc's executive compensation decisions.

Roles of the Committee on Governance and Key Executives in the Executive Compensation Process

- The Committee on Governance in consultation with the CEO and the SVP HR selects the outside compensation consultants. The current consultant is the Hay Group, whose purpose is to provide a valid independent assessment of the relevant market rates and pay practices for healthcare executives, physician executives and for physicians in general.

- The compensation consulting firm compiles appropriate market data, job evaluation and ranking information for all executives and physicians of the organization, excluding the CEO, and will supply this material to the CEO and SVP HR for review and agreement. Once the report is final, it will be supplied to the Committee on Governance for their consideration and acceptance.

-The Committee on Governance determines the CEO's salary based on overall performance and market data supplied by the outside market consultant.

The last executive compensation evaluation by an outside consultant was done in September, 2014.

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation for Other Officers and Key Employees:

Compensation review and approval process is identical to the process for the CEO and executives noted in 15A above.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Tax return information is available on Danbury Hospital's (a related organization) website: www.danburyhospital.org.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The information that has been posted on the Danbury Hospital website for 2014 includes:

The most current audited financial statements.

Also included is the Code of Business Ethics, Information about our Compliance Program, and a copy of our policy regarding Preventing of Fraud, Waste and Abuse.

All governing documents required by law are made available upon request.

The conflict of interest policy is made available upon request.

Form 990, Part VII - Compensation Explanation**Neil Culligan, MD**

A stipend was paid to Neil Culligan, MD, a director, during the year for stroke program directorship. It was not reflected in Part VII as compensation, since it was in box #6 rather than box# 7 of the 1099.

David Cyganowski

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

Form 990, Part VII - Compensation Explanation (continued)

David Cyganowski, became a Director of the Board on 9/15/2013. He previously was the Treasurer.

D.DeBarba (from 1/1/14)

Daniel Debarba became Executive VP and President, as of January 1, 2014.

D. Weymouth (to 6/1/14)

Debora Weymouth left June 1, 2014.

Client NMH990

The New Milford Hospital, Inc.

06-0669121

8/11/15

01:53PM

**Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances**

Change in equity interest of WCHNF.....	\$	-478,506.
Change in pension funding.....		-7,005,610.
Net Assets Transferred to Danbury Hosp.....		-34,128,301.
Transfer from Danbury Hospital.....		10,412,946.
	Total	<u>\$ -31,199,471.</u>

SCHEDULE R
(Form 990)

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.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The New Milford Hospital, Inc.

Employer identification number

06-0669121

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
(1) ----- ----- ----- -----					
(2) ----- ----- ----- -----					
(3) ----- ----- ----- -----					

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) Western CT Health Network, Inc. 24 Hospital Avenue Danbury, CT 06810 22-2594977	Program Devlp	CT	501(c)(3)	11, TYPE 2	N/A		X
(2) Western CT Medical Group, Inc. 14 Research Drive, Suite 201A Bethel, CT 06801 06-1137531	Physician Svc	CT	501(c)(3)	9	WCHN		X
(3) West. CT Health Network Foundation 24 Hospital Avenue Danbury, CT 06810 23-7425557	Admin Contrib	CT	501(c)(3)	7	WCHN		X
(4) Danbury Hospital, Inc. 24 Hospital Avenue Danbury, CT 06810 06-0646597	Acute Care	CT	501(c)(3)	3	WCHN		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Part VII												
(1) <u>New Milford MRI</u> <u>21 Elm Street</u> <u>New Milford, CT</u> <u>27-1877801</u>	INACTIVE	CT	New Milford Hospital		0.	0.	X		N/A		X	
(2) <u>Ridgefield Surgi</u> <u>901 Ethan Allen</u> <u>Ridgefield, CT 0</u> <u>22-2594977</u>	INACTIVE	CT	WCHN	Related	0.	0.	X		N/A		X	
(3) <u>Norwalk Surgery</u> <u>40 Cross Street</u> <u>Norwalk, CT 0685</u> <u>27-2394942</u>	Surgery Center	CT	NH		0.	0.	X		N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) <u>Business Systems, Inc.</u> <u>24 Hospital Avenue</u> <u>Danbury, CT 06810</u> <u>06-1119262</u>	Inactive	CT	WCHN	C Corp.	0.	0.			X
(2) <u>West. CT Health Network Insur.</u> <u>23 Lime Tree Bay, PO Box 1051</u> <u>Grand Cayman, Cayman Islands</u> <u>98-0438151</u>	Malpractice	CJ	DH	C Corp.	0.	0.			X
(3) <u>Medical Services of Danbury</u> <u>24 Hospital Avenue</u> <u>Danbury, CT 06811</u> <u>06-1635945</u>	Healthcare	CT	WCMG	C Corp.	0.	0.			X

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) Western CT Medical Group, Inc.	k	60,352	Cost
(2) Western CT Medical Group, Inc.	m	5,795,662	Cost
(3) Western CT Medical Group, Inc.	p	5,602,297	Cost
(4) West. CT Health Network Foundation	c	1,503,047	Cost
(5) Danbury Hospital, Inc.	b	34,128,301	Cost
(6) Danbury Hospital, Inc.	c	10,412,946	Cost

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, un-related, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

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

Part III - Partnership Full Name, Address, FEIN

New Milford MRI JV, LLC 27-1877801 21 Elm Street New Milford, CT 06776

Ridgefield Surgical Center, LLC 22-2594977 901 Ethan Allen Hwy., Suite

#105 Ridgefield, CT 06877

Norwalk Surgery 27-2394942 40 Cross Street Norwalk, CT 06851

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
Western CT Health Network Affiliates 95 Locust Avenue Danbury, CT 06810 22-2594968	OP Hlthcr Svc	CT	501(c)(3)	9	WCHN	X	
Western CT Home Care Inc. 4 Liberty Street Danbury, CT 06810 06-0655138	Home Hlthcare	CT	501(c)(3)	9	WCHN	X	
Eastern NY Medical Services, P.C. 14 Research Drive, Suite 201A Bethel, CT 06810 48-5431389	PHYSICIAN SVC.	NY	501(C)(3)	9	WCHN	X	
The Norwalk Hospital Association 24 Stevens Street Norwalk, CT 06850 06-6068853	Health Services	CT	501 (C) (3)	3	NHSC	X	
Norwalk Hospital Phys. and Surgeons 24 Stevens Street Norwalk, CT 06850 06-1522078	Physician Services	CT	501 (C) (3)	11, TYPE 2	NHSC	X	
Norwalk Health Care, Inc. 24 Stevens Street Norwalk, CT 06850 22-2577722	INACTIVE	CT	501 (C) (3)	9	NHSC	X	
Norwalk Health Services Corporation 24 Stevens Street Norwalk, CT 06850 22-2577711	Support Services	CT	501 (C) (3)	11, TYPE 2	WCHN	X	
Norwalk Hospital Foundation 34 Maple Street Norwalk, CT 06850 22-2577708	Admin. Contrib.	CT	501 (C) (3)	7	NHSC	X	
Advanced Center for Rehab. Medicine 24 Stevens Street Norwalk, CT 06850 06-1304799	Inactive	CT	501 (C) (3)	11, Type 2	NHSC	X	

