

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

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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	PAUL MOSS
9	CEO Title	PRESIDENT
10	CT Agent Name	Paul Moss
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Ave
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
E. AFFILIATE NAME		
1	Affiliate Description	MILFORD MEDICAL LAB, INC.
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	2068 BRIDGEPORT AVE
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	PAUL MOSS
9	CEO Title	PRESIDENT
10	CT Agent Name	Paul Moss
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Ave
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
F. AFFILIATE NAME		
1	Affiliate Description	SBAC, LLC
2	Affiliate type of service	Aesthetic care, dematology and cosmetic surgery services
3	Tax Status	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Paul Moss
9	CEO Title	President
10	CT Agent Name	Paul Moss
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
G. AFFILIATE NAME		
1	Affiliate Description	SBDI ASSOCIATES LLC
2	Affiliate type of service	Leasing Company
3	Tax Status	Real Estate
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Paul Moss
9	CEO Title	President
10	CT Agent Name	Paul Moss
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
H. AFFILIATE NAME		
		SBDI HOLDING LLC
1	Affiliate Description	Leasing Company
2	Affiliate type of service	Imaging Equipment
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Paul Moss
9	CEO Title	President
10	CT Agent Name	Paul Moss
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
I. AFFILIATE NAME		
		SEABRIDGE CORPORATION
1	Affiliate Description	HEALTHCARE: Parent of Milford Medical Lab and partner in S.B.D.I. and SBAC LLC
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	300 SEASIDE AVENUE
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	PAUL MOSS
9	CEO Title	PRESIDENT
10	CT Agent Name	Paul Moss
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Ave
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
J. AFFILIATE NAME		
		TORRY CORPORATION
1	Affiliate Description	HEALTHCARE PROPERTY MANAGEMENT. TORRY CORPORATION OWNS VARIOUS PROPERTIES THAT ARE LOCATIONS FOR THE HOSPITAL'S WALK-IN CENTER AND AFFILIATED CORPORATIONS.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Paul E Moss
9	CEO Title	President
10	CT Agent Name	Paul E Moss
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -

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

**MILFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
A. MILFORD HOSPITAL			
1		Unrestricted	\$36,805,806
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$689,851
4		Permanently Restricted by Donor	\$603,242
5		Intercompany Eliminations	\$0
		Total:	\$38,098,899
B. MILFORD HEALTH & MEDICAL, INC.			
1		Unrestricted	\$8,639,412
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,821,424)
		Total:	\$6,817,988
C. HOME CARE PLUS, INC.			
1		Unrestricted	\$1,148,005
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,148,005
D. MILFORD HEALTHCARE SERVICES, INC.			
1		Unrestricted	(\$715,531)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$715,531)
E. MILFORD HOSPITAL FOUNDATION			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$689,851
4		Permanently Restricted by Donor	\$59,242
5		Intercompany Eliminations	\$0
		Total:	\$749,093
F. MILFORD MEDICAL LAB, INC.			
1		Unrestricted	(\$6,826,889)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$6,826,889)
G. SBAC, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
	H. SBDI ASSOCIATES LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	I. SBDI HOLDING LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	J. SEABRIDGE CORPORATION		
1		Unrestricted	\$478,397
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$478,397
	K. TORRY CORPORATION		
1		Unrestricted	\$6,809,412
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,809,412
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$48,380,798
	Intercompany Eliminations		(\$1,821,424)
	Total of all Affiliates	Fund Balance:	\$46,559,374

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. MILFORD HEALTH & MEDICAL, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$217,401
1		Transfer of Funds	09/30/2009	(\$1,668,842)
2		Malpractice Payments	09/30/2009	(\$1,489,583)
3		Salary	09/30/2009	\$32,408
4		Employee Benefits	09/30/2009	\$4,302
5		Cash Payments	09/30/2009	\$3,158,425
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$254,111
B. HOME CARE PLUS, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$28,199
1		Salary	09/30/2009	\$23,435
2		Employee Benefits	09/30/2009	\$7,090
3		Cash Payments	09/30/2009	(\$44,262)
4		Nutrician Counseling	09/30/2009	\$176
5		Cleaning Services	09/30/2009	\$6,587
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$21,225
C. MILFORD HEALTHCARE SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$14,381
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$14,381
D. MILFORD HOSPITAL FOUNDATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$36,596
1		Salary	09/30/2009	\$180,701
2		Employee Benefits	09/30/2009	\$41,809
3		Supplies and other	09/30/2009	\$5,233
4		Cash Payments	09/30/2009	(\$231,609)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$32,730
E. MILFORD MEDICAL LAB, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$283,534
1		Salary	09/30/2009	\$825,739
2		Employee Benefits	09/30/2009	\$250,722
3		Lab Fees	09/30/2009	\$677,033
4		Sales/Purchases of Services	09/30/2009	(\$179,674)

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
5		Driver	09/30/2009	\$22,117
6		Cash Payments	09/30/2009	(\$1,002,604)
7		Bad Debt Provision	09/30/2009	(\$648,480)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$228,387
F.	SBAC, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Salary	09/30/2009	\$20,367
2		Employee Benefits	09/30/2009	\$10,149
3		Rent	09/30/2009	\$20,000
4		Other Assets	09/30/2009	\$33,246
5		Repairs & Maintenance Expenses	09/30/2009	\$121
6		Legal Expenses	09/30/2009	\$1,491
7		Cash Payment	09/30/2009	(\$72)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$85,302
G.	SBDI ASSOCIATES LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
H.	SBDI HOLDING LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
I.	SEABRIDGE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$11,244
1		Salary	09/30/2009	\$6,695
2		Employee Benefits	09/30/2009	\$910
3		Cash Payments	09/30/2009	(\$11,244)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$7,605
J.	TORRY CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$709,482
1		Salary	09/30/2009	\$45,317
2		Employee Benefits	09/30/2009	\$10,786

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
3		Repairs & Maintenance Expenses	09/30/2009	\$4,704
4		Insurance	09/30/2009	\$3,558
5		Rent	09/30/2009	(\$95,952)
6		Cash Payments	09/30/2009	(\$54,998)
7		Interest	09/30/2009	\$38,940
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$661,837
			Grand Total:	\$1,305,578

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2008	\$8,392,043
A.	MILFORD HEALTH & MEDICAL, INC.				
1		TORRY CORPORATION	Capital Contribution	09/30/2009	\$875,999
			Total:	9/30/2009	\$875,999
B.	HOME CARE PLUS, INC.				
1		TORRY CORPORATION	Rent	09/30/2009	\$28,800
			Total:	9/30/2009	\$28,800
C.	MILFORD HEALTHCARE SERVICES, INC.				
1		MILFORD HEALTH & MEDICAL, INC.	Interest	09/30/2009	\$12,208
			Total:	9/30/2009	\$12,208
D.	MILFORD HOSPITAL FOUNDATION				
1		TORRY CORPORATION	Rent	09/30/2009	\$18,200
			Total:	9/30/2009	\$18,200
E.	MILFORD MEDICAL LAB, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	SBAC, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	SBDI ASSOCIATES LLC				
1		SEABRIDGE CORPORATION	Distribution	12/31/2008	\$225,000
			Total:	9/30/2009	\$225,000
H.	SBDI HOLDING LLC				
1		SEABRIDGE CORPORATION	Distribution	12/31/2008	\$75,000
			Total:	9/30/2009	\$75,000
I.	SEABRIDGE CORPORATION				
1		SBAC, LLC	Capital Contribution	04/06/2009	\$100
2		MILFORD HEALTH & MEDICAL, INC.	Interest	01/08/2009	\$1,816

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2009	\$1,916
J.	TORRY CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$9,629,166

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	A. MILFORD HEALTH & MEDICAL, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	B. HOME CARE PLUS, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	C. MILFORD HEALTHCARE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	D. MILFORD HOSPITAL FOUNDATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	E. MILFORD MEDICAL LAB, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	F. SBAC, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	G. SBDI ASSOCIATES LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	H. SBDI HOLDING LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	I. SEABRIDGE CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	J. TORRY CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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

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

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

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

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

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

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	10.90%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Connecticut Credit
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Same as General Processes and Policies
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.00%
Collection Agent		
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.80%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Physician--Dir. ICU	\$376,230	\$59,084	\$435,314
2.	President	\$324,217	\$43,883	\$368,100
3.	E.R. Physician	\$298,499	\$42,537	\$341,036
4.	E.R. Physician	\$292,474	\$58,065	\$350,539
5.	E.R. Physician	\$276,777	\$58,301	\$335,078
6.	Hospitalist	\$274,527	\$57,986	\$332,513
7.	E.R. Physician	\$270,130	\$55,508	\$325,638
8.	E.R. Physician	\$270,130	\$56,363	\$326,493
9.	E.R. Physician	\$269,840	\$52,485	\$322,325
10.	E.R. Physician	\$260,822	\$54,495	\$315,317
	Grand Total:	\$2,913,646	\$538,707	\$3,452,353

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . MILFORD HEALTH & MEDICAL, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,408	\$4,302	\$36,710
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . HOME CARE PLUS, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$27,656	\$9,633	\$37,289
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . MILFORD HEALTHCARE SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . MILFORD HOSPITAL FOUNDATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$180,701	\$41,809	\$222,510
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . MILFORD MEDICAL LAB, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$842,085	\$256,493	\$1,098,578
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . SBAC, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$13,967	\$10,149	\$24,116
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . SBDI ASSOCIATES LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . SBDI HOLDING LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . SEABRIDGE CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$6,695	\$910	\$7,605
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . TORRY CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$48,802	\$12,005	\$60,807
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

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

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

MILFORD HOSPITAL					
ANNUAL REPORTING					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	49	38	(11)	-22%
2.	Number of Approved Applicants	17	16	(1)	-6%
3.	Total Charges (A)	\$165,221	\$122,057	(\$43,164)	-26%
	Average Charges	\$9,719	\$7,629	(\$2,090)	-22%
4.	Ratio of Cost to Charges (RCC)	0.391407	0.382652	(0.008755)	-2%
	Total Cost	\$64,669	\$46,705	(\$17,963)	-28%
	Average Cost	\$3,804	\$2,919	(\$885)	-23%
5.	Charity Care - Inpatient Charges	\$145,259	\$76,155	(\$69,104)	-48%
6.	Charity Care - Outpatient Emergency Department Charges	19,417	40,793	21,376	110%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	545	5,109	4,564	837%
	Total Charges (A)	\$165,221	\$122,057	(\$43,164)	-26%
8.	Charity Care - Number of Patient Days	51	20	(31)	-61%
9.	Charity Care - Number of Discharges	10	3	(7)	-70%
10.	Charity Care - Number of Outpatient ED Visits	17	29	12	71%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3	3	0	0%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0.382652	0.382652	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					