

**MARCUM**  
ACCOUNTANTS & ADVISORS

AUGUST 14, 2013

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

DEAR LAURA:

ENCLOSED ARE THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2013.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2013.

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

CONNECTICUT FORM CT-990T RETURN:

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

PLEASE SIGN AND MAIL FORM CT-990T ON OR BEFORE AUGUST 15, 2013.

NO PAYMENT IS REQUIRED.



MARCUMGROUP  
MEMBER

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

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

VERY TRULY YOURS,

DOUGLAS J FARRINGTON  
MARCUM LLP

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

**A** For the **2011** calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE MILFORD HOSPITAL, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>300 SEASIDE AVENUE</b> City or town, state or country, and ZIP + 4 <b>MILFORD, CT 06460</b> <b>F</b> Name and address of principal officer: <b>LAURA SMITH</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>06-0646741</b> <b>E</b> Telephone number <b>(203) 876-4000</b> <b>G</b> Gross receipts \$ <b>214,919,352.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.MILFORDHOSPITAL.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1942</b> <b>M</b> State of legal domicile: <b>CT</b>

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>HOSPITAL SERVICES</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	18
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	17
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	<b>5</b>	793
	6 Total number of volunteers (estimate if necessary) .....	<b>6</b>	321
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	4,884,338.
	b Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) .....	16,925.	6,316.
	9 Program service revenue (Part VIII, line 2g) .....	185,934,229.	190,860,963.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	2,613,024.	2,252,656.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	818,391.	2,678,203.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	189,382,569.	195,798,138.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	89,905.	86,537.
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	54,008,642.	56,289,295.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	138,227,891.	141,155,851.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	192,326,438.	197,531,683.
	19 Revenue less expenses. Subtract line 18 from line 12 .....	-2,943,869.	-1,733,545.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) .....	64,632,155.	58,315,458.
	21 Total liabilities (Part X, line 26) .....	49,088,137.	50,954,217.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	15,544,018.	7,361,241.

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer		Date		
	▶ <b>LAURA SMITH, CFO/VP OF FINANCE</b>				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>DOUGLAS FARRINGTON</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00370668</b>
	Firm's name ▶ <b>MARCUM LLP</b>	Firm's EIN ▶ <b>11-1986323</b>			
	Firm's address ▶ <b>CITY PLACE II 185 ASYLUM STREET</b> <b>HARTFORD, CT 06103</b>			Phone no. <b>860-549-8500</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 185,492,370. including grants of \$ 86,537. ) (Revenue \$ 192,864,610. ) MILFORD HOSPITAL PROVIDES HIGH-QUALITY HEALTHCARE SERVICES TO THE RESIDENTS OF MILFORD, WEST HAVEN, ORANGE AND STRATFORD, CONNECTICUT AND ITS SURROUNDING COMMUNITIES WITHOUT REGARD TO RACE, GENDER, CREED OR ABILITY TO PAY.

SEE SCHEDULE O FOR CONTINUATION

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

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

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

4e Total program service expenses 185,492,370.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
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? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
28a		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	
28b		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	
28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
29			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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			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
32			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
33			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	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35a			X
b	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
35b			X
36	<b>Section 501(c)(3) organizations.</b> 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
36			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
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for Form 1096, Form W-2G, Form W-3, and various tax compliance questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with 'X'.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOSEPH PELACCIA - 203-876-4230 300 SEASIDE AVENUE, MILFORD, CT 06460



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH PELACCIA PRESIDENT & CEO	41.70	X		X			409,000.	51,248.	18,260.	
(2) SAMUEL BERGAMI, JR. CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) LOUIS D'AMATO VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(4) STEPHEN E. RONAI, ESQ. SECRETARY	1.00	X		X			0.	0.	0.	
(5) RICHARD MEISENHEIMER TREASURER	1.00	X		X			0.	0.	0.	
(6) JAMES BEARD DIRECTOR	1.00	X					0.	0.	0.	
(7) NANCY BENNETT DIRECTOR	1.00	X					0.	0.	0.	
(8) ARMAND CANTAFIO DIRECTOR	1.00	X					0.	0.	0.	
(9) LEO CARROLL DIRECTOR	1.00	X					0.	0.	0.	
(10) BRADFORD GESLER DIRECTOR	1.00	X					0.	0.	0.	
(11) ANN LOESCH DIRECTOR	1.00	X					0.	0.	0.	
(12) CAROL MCINNIS DIRECTOR	1.00	X					0.	0.	0.	
(13) LEN NAPOLI, JR. DIRECTOR	1.00	X					0.	0.	0.	
(14) RAYMOND S. OLIVER DIRECTOR	1.00	X					0.	0.	0.	
(15) MICHAEL SAFFER DIRECTOR	1.00	X					0.	0.	0.	
(16) STEVEN SAUNDERS DIRECTOR	1.00	X					0.	0.	0.	
(17) RITA CANAS DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA CUCUZZA DIRECTOR	1.00	X						0.	0.	0.
(19) LAURA SMITH VP FINANCE & CFO	36.50			X				124,735.	28,388.	24,913.
(20) LLOYD FRIEDMAN, MD VP MEDICAL AFFAIRS & COO	33.40			X				372,178.	46,634.	28,480.
(21) ANDREW CHOW PHYSICIAN	59.00				X			308,834.	0.	30,493.
(22) WILLIAM SACKS, MD PHYSICIAN	44.00				X			305,138.	0.	12,250.
(23) ANITHA KAMATH PHYSICIAN	40.00				X			297,750.	0.	30,493.
(24) GEORGE REESE PHYSICIAN	40.00				X			293,135.	0.	30,493.
(25) RESUL DALIPI PHYSICIAN	61.00				X			291,585.	0.	24,708.
<b>1b Sub-total</b>								2,402,355.	126,270.	200,090.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,402,355.	126,270.	200,090.

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 **79**

	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		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	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		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFTERCARE PHYSICAL THERAPY SERVICES 4154 MADISON AVE., TRUMBULL, CT 06611	THERAPY SERVICES	561,314.
AMERICAN RED CROSS P.O. BOX 33093, NEWARK, NJ 07188	PROCESS BLOOD	452,260.
QUEST DIAGNOSTICS, INC., 2025 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	LAB TESTING SERVICES	337,380.
SECURITAS SECURITY SERVICE USA, INC. P.O. BOX 403412, ATLANTA, GA 30384	SECURITY SERVICE	228,089.
PHILIPS HEALTHCARE P.O. BOX 403831, ATLANTA, GA 30384	RECORDS ARCHIVING	223,158.

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 **16**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,316.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			6,316.			
<b>Program Service Revenue</b>	<b>2 a</b> <b>SPECIAL SERVICES</b>	Business Code 621500	139223353.	136700070.	2523283.		
	<b>b</b> <b>ROUTINE SERVICES</b>	624100	49347985.	49347985.			
	<b>c</b> <b>OTHER SERVICES</b>	541610	2,289,625.		2289625.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			190860963.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		341,877.			341,877.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	9,350.				
		(ii) Personal	9,431.				
		<b>b</b> Less: rental expenses	-81.				
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)			-81.		-81.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	20903331				
		(ii) Other	21,272.				
		<b>b</b> Less: cost or other basis and sales expenses	19013120	704.			
		<b>c</b> Gain or (loss)	1890211.	20,568.			
	<b>d</b> Net gain or (loss)			1,910,779.		1910779.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	66,763.				
		<b>b</b> Less: direct expenses	28,016.				
<b>c</b> Net income or (loss) from fundraising events				38,747.		38,747.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	118,025.					
	<b>b</b> Less: cost of goods sold	69,943.					
	<b>c</b> Net income or (loss) from sales of inventory			48,082.		48,082.	
Miscellaneous Revenue		Business Code					
<b>11 a</b> <b>MEANINGFUL USE INCOME</b>	900099	2,003,647.	2,003,647.				
<b>b</b> <b>CAFETERIA REVENUE</b>	722210	228,059.			228,059.		
<b>c</b> <b>PHARMACY SALES</b>	446110	198,790.			198,790.		
<b>d</b> All other revenue	541610	160,959.		71,430.	89,529.		
<b>e Total.</b> Add lines 11a-11d			2,591,455.				
<b>12 Total revenue.</b> See instructions.			195798138.	188051702.	4884338.	2855782.	

**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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	83,537.	83,537.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	3,000.	3,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,401,726.	580,527.	821,199.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,018,526.	34,197,200.	3,821,326.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	1,963,623.	1,812,471.	151,152.	
9 Other employee benefits	12,204,862.	11,495,238.	709,624.	
10 Payroll taxes	2,700,558.	2,479,264.	221,294.	
11 Fees for services (non-employees):				
a Management				
b Legal	182,737.		182,737.	
c Accounting	175,717.		175,717.	
d Lobbying	16,119.		16,119.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	123,885.		123,885.	
g Other	6,317,367.	4,769,193.	1,548,174.	
12 Advertising and promotion	178,555.	45,399.	133,156.	
13 Office expenses	10,891,580.	10,702,845.	188,735.	
14 Information technology	422,584.	64,237.	358,347.	
15 Royalties				
16 Occupancy	2,157,816.	1,947,711.	210,105.	
17 Travel	39,524.	25,218.	14,306.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,152.	17,972.	180.	
20 Interest	4,834.		4,834.	
21 Payments to affiliates	101,464.	88,064.	13,400.	
22 Depreciation, depletion, and amortization	2,817,478.	2,164,828.	652,650.	
23 Insurance	23,519.		23,519.	
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 <b>ALLOWANCE FOR UNPAID CA</b>	104,777,915.	104,777,915.		
b <b>BAD DEBTS</b>	7,028,914.	7,028,914.		
c <b>HOSPITAL TAX</b>	2,363,465.		2,363,465.	
d <b>PHARMACEUTICAL DRUGS</b>	1,864,124.	1,864,124.		
e All other expenses	1,650,102.	1,344,713.	305,389.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	197,531,683.	185,492,370.	12,039,313.	0.
26 <b>Joint costs.</b> 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**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	927,181.	<b>1</b>	369,970.	
	<b>2</b> Savings and temporary cash investments .....	2,959,748.	<b>2</b>	3,303,475.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	12,622,341.	<b>4</b>	12,293,728.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	799,838.	<b>8</b>	886,768.	
	<b>9</b> Prepaid expenses and deferred charges .....	751,650.	<b>9</b>	613,085.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 72,359,288.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 48,777,136.			
	<b>11</b> Investments - publicly traded securities .....	24,699,653.	<b>10c</b>	23,582,152.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,697,244.	<b>11</b>	11,013,706.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	745,924.	<b>12</b>	789,204.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,428,576.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	64,632,155.	<b>15</b>	5,463,370.		
		<b>16</b>	58,315,458.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,201,087.	<b>17</b>	13,411,819.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,891,051.	<b>23</b>	935,367.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	33,995,999.	<b>25</b>	36,607,031.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	49,088,137.	<b>26</b>	50,954,217.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	14,244,094.	<b>27</b>	6,018,037.	
	<b>28</b> Temporarily restricted net assets .....	626,161.	<b>28</b>	669,441.	
	<b>29</b> Permanently restricted net assets .....	673,763.	<b>29</b>	673,763.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	15,544,018.	<b>33</b>	7,361,241.		
<b>34</b> Total liabilities and net assets/fund balances .....	64,632,155.	<b>34</b>	58,315,458.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	195,798,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	197,531,683.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,733,545.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,544,018.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,449,232.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,361,241.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

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

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

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

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

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

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

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

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

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of organization <b>THE MILFORD HOSPITAL, INC.</b>	Employer identification number <b>06-0646741</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		16,119.
<b>j</b> Total. Add lines 1c through 1i .....			16,119.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE HOSPITAL PAID DUES TO THE CT HOSPITAL ASSOCIATION (CHA), WHICH INCLUDED LOBBYING COSTS OF \$9,901. CHA REPRESENTS CT HOSPITALS AND WORKS WITH OTHER ORGANIZATIONS LIKE AHA TO ADDRESS STATE AND FEDERAL LEGISLATIVE ISSUES AFFECTING HOSPITALS.

**Part IV** Supplemental Information (continued)

THE HOSPITAL ALSO PAID DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA), WHICH INCLUDED LOBBYING COSTS OF \$6,218. AHA REPRESENTS ALL HOSPITALS, NATIONWIDE, AND WORKS ALONG WITH STATE HOSPITAL ASSOCIATIONS, LIKE CHA TO ADDRESS FEDERAL LEGISLATIVE ISSUES AFFECTING HOSPITALS.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, 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 XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	685,311.	663,319.	657,181.	647,698.	
b Contributions		5,000.	5,000.	5,000.	
c Net investment earnings, gains, and losses	56,088.	16,992.	1,138.	4,483.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	741,399.	685,311.	663,319.	657,181.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  0.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		825,066.		825,066.
b Buildings	103,155.	38,094,284.	20,864,218.	17,333,221.
c Leasehold improvements				
d Equipment		32,734,508.	27,328,599.	5,405,909.
e Other		602,275.	584,319.	17,956.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				23,582,152.

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	654,071.
(2) OTHER RECEIVABLES	830,494.
(3) INSURED CLAIMS RECEIVABLE	3,978,805.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	5,463,370.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INSURANCE	358,880.
(3) ACCRUED PENSION	29,974,311.
(4) DUE TO THIRD PARTY	895,803.
(5) DEFERRED COMPENSATION	321,207.
(6) DUE TO AFFILIATES	607,958.
(7) FINANCE LEASE PAYABLE	18,342.
(8) OTHER ACCRUED BENEFITS	440,900.
(9) AUTO LOAN PAYABLE	10,825.
(10) INSURED CLAIMS LIABILITIES	3,978,805.
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	36,607,031.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	195,798,138.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	197,531,683.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,733,545.
4	Net unrealized gains (losses) on investments	4	3,465.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-6,452,697.
9	Total adjustments (net). Add lines 4 through 8	9	-6,449,232.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-8,182,777.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	88,956,176.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,465.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-173,210.
e	Add lines 2a through 2d	2e	-169,745.
3	Subtract line 2e from line 1	3	89,125,921.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	123,885.
b	Other (Describe in Part XIV.)	4b	106,548,332.
c	Add lines 4a and 4b	4c	106,672,217.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	195,798,138.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	90,685,854.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-20,568.
e	Add lines 2a through 2d	2e	-20,568.
3	Subtract line 2e from line 1	3	90,706,422.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	123,885.
b	Other (Describe in Part XIV.)	4b	106,701,376.
c	Add lines 4a and 4b	4c	106,825,261.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	197,531,683.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

PASSTHROUGH INCOME FROM CT HOSPITAL LAB NETWORK, LLC	-1,146.
PASSTHROUGH INCOME FROM HEALTH CONNECTICUT, LLC	2,691.
CHANGE IN PENSION FUND OBLIGATION	-11,309,559.
TRANSFER TO AN AFFILIATE	-711,414.
CHANGE IN EQUITY INTEREST IN MILFORD HOSPITAL FOUNDATION	43,280.
PENSION CURTAILMENT GAIN	5,482,615.

**Part XIV** Supplemental Information (continued)

MEDICAL STAFF ACCOUNT	40,836.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-6,452,697.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER ALLOWANCES	-173,210.
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## PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE	104,777,915.
AUXILIARY REVENUE	84,187.
CHARITY CARE	192,533.
PASSTHROUGH INCOME	-1,545.
OTHER EXPENSES NETTED FROM REVENUE	1,438,800.
REVENUE/EXPENSE RECLASS	6,194.
GAIN ON SALE OF ASSETS	20,568.
MEDICAL STAFF ACCOUNT REVENUE	29,680.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	106,548,332.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS	-20,568.
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## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE	104,777,915.
AUXILIARY EXPENSE	87,834.
CHARITY CARE	192,533.
OTHER EXPENSES NETTED FROM REVENUE	1,438,800.
OTHER ALLOWANCES	173,210.
REVENUE/EXPENSE RECLASS	6,194.
MEDICAL STAFF ACCOUNT EXPENSE	24,890.

**Part XIV** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XIII, LINE 4B 106,701,376.

Multiple horizontal lines for supplemental information.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public  
Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the ten highest paid individuals or entities (fundraisers)...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA DINNER DANCE	CELEBRATION OF TREES	11	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	22,600.	15,295.	28,868.	66,763.
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	22,600.	15,295.	28,868.	66,763.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	14,821.	1,322.	11,873.	28,016.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 28,016 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				38,747.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization did not use FPG to determine 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		X
<b>b</b> If "Yes," did the organization make it available to the public?		

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)		75	101,878.	49,142.	52,736.	.03%
<b>b</b> Medicaid (from Worksheet 3, column a)		4,141	5536024.	5435976.	100,048.	.05%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)		6,913	5083429.	5134449.	-51,020.	.00%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		11,129	10721331.	10619567.	101,764.	.08%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	41	90,099	60,296.	8,554.	51,742.	.03%
<b>f</b> Health professions education (from Worksheet 5)	5	131	471,374.		471,374.	.24%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	4		81,040.		81,040.	.04%
<b>j Total.</b> Other Benefits	50	90,230	612,710.	8,554.	604,156.	.31%
<b>k Total.</b> Add lines 7d and 7j	50	101,359	11334041.	10628121.	705,920.	.39%

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.

Table with 6 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A. Bad Debt Expense. Includes questions 1-4 regarding bad debt expense reporting, amount, and methodology. Includes Yes/No columns.

Section B. Medicare

Table for Section B. Medicare. Includes questions 5-8 regarding Medicare revenue, allowable costs, and shortfall treatment. Includes Yes/No columns.

Section C. Collection Practices

Table for Section C. Collection Practices. Includes questions 9a and 9b regarding debt collection policy.

Part IV Management Companies and Joint Ventures (see instructions)

Table for Part IV. Columns: (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 %.





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: THE MILFORD HOSPITAL, INC.

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit 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 Needs Assessment		
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 Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

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

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? ..... If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>11</b> Explained the basis for calculating amounts charged to patients? ..... If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	X	
<b>12</b> Explained the method for applying for financial assistance? .....	X	
<b>13</b> 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): a <input 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 type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input 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 Part VI)	X	

**Billing and Collections**

<b>14</b> 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	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? ..... If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		X
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): ..... a <input type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

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

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>18</b> 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: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) <b>d</b> <input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b> 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. <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</b> <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>20</b> Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? ..... If "Yes," explain in Part VI.		X
<b>21</b> Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? ..... If "Yes," explain in Part VI.		X

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: THE MILFORD HOSPITAL WALK-IN CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit 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 Needs Assessment		
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 Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

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

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? ..... If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>11</b> Explained the basis for calculating amounts charged to patients? ..... If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	X	
<b>12</b> Explained the method for applying for financial assistance? .....	X	
<b>13</b> 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): a <input 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 type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input 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 Part VI)	X	

**Billing and Collections**

<b>14</b> 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	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? ..... If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		X
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): ..... a <input type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

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

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	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:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.			





**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: N/A

PART II: MILFORD HOSPITAL PROVIDES EMERGENCY PREPAREDNESS

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

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

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

COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINES 2 AND 3:

**Part VI** Supplemental Information

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

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

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

PART III, LINE 8: THE HOSPITAL'S COSTS EXCEED REVENUE RECEIVED FROM CMS FOR MEDICARE PATIENTS BY APPROXIMATELY \$8.6M. THE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT.

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

THE MILFORD HOSPITAL, INC.:

PART V, SECTION B, LINE 13G:

A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS ATTACHED TO THE BILLING INVOICES.

A NOTICE IS POSTED IN THE EMERGENCY ROOM AND THE ADMITTING DEPARTMENTS INFORMING PATIENT OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND CONTACT INFORMATION.

**Part VI** Supplemental Information

THE MILFORD HOSPITAL WALK-IN CENTER:

PART V, SECTION B, LINE 13G:

A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS ATTACHED TO THE BILLING INVOICES.

A NOTICE IS POSTED IN THE EMERGENCY ROOM AND THE ADMITTING DEPARTMENTS INFORMING PATIENT OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND CONTACT INFORMATION.

PART VI, LINE 2: MILFORD HOSPITAL SENDS OUT COMMUNITY NEEDS ASSESSMENT SURVEYS TO ASSESS COMMUNITY ORGANIZATION NEEDS AND WORKS WITH INDIVIDUALS TO ASSESS SCHOOL AND EDUCATION NEEDS.

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

PART VI, LINE 4: MILFORD, CT IS A SMALL CITY OF APPROXIMATELY 50,000 PEOPLE LOCATED ON LONG ISLAND SOUND. THE ECONOMY IS DIVERSIFIED AND SUPPORTS MANUFACTURING, RETAIL, CORPORATE OFFICE AND SERVICE INDUSTRY.

THE HOSPITAL IS LOCATED IN CLOSE PROXIMITY TO THE TOWN GREEN, THE SECOND LARGEST IN NEW ENGLAND. MILFORD HAS A STRONG RETAIL COMMUNITY, INCLUDING A MALL AND MANY SHOPS AND RETAIL OUTLETS. PARTICIPANTS IN COMMUNITY PROGRAMS ALSO COME FROM ORANGE, WEST HAVEN, AND STRATFORD.

**Part VI** Supplemental Information

PART VI, LINE 5: MILFORD HOSPITAL PROVIDES EMERGENCY PREPAREDNESS TRAINING AND DISASTER PLANNING FOR THE HOSPITAL AND THE COMMUNITY IT SERVES. PROVIDES COMMUNITY HEALTH & WELLNESS PROGRAMS AND EDUCATIONAL SERVICES TO OVER 8,000 INDIVIDUALS. PROVIDES PROFESSIONAL EDUCATION AND TRAINING TO MEDICAL STAFF AND SOCIAL SERVICE ORGANIZATIONS WITHIN THE COMMUNITY. HOSPITAL REPRESENTATIVES PARTICIPATED IN COMMUNITY BOARDS AND COALITIONS.

PART VI, LINE 6: N/A

PART VI, LINE 7: THE COMMUNITY BENEFIT REPORT IS FILED WITH THE CONNECTICUT HOSPITAL ASSOCIATION.

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILFORD HOSPITAL FOUNDATION VIA M.H. WAYS & MEANS - 300 SEASIDE AVENUE - MILFORD, CT 06460	22-2627350	501(C)(3)	32,464.	0.	BOOK	N/A	CHARITABLE
MILFORD HOSPITAL FOUNDATION VIA M.H. HOSPITALITY SHOP - 300 SEASIDE AVENUE - MILFORD, CT 06460	22-2627350	501(C)(3)	48,000.	0.	BOOK	N/A	CHARITABLE

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

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

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

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AWARDED TO JUNIOR VOLUNTEERS FOR HIGHER EDUCATION	4	1,000.	0.	BOOK	N/A
SCHOLARSHIPS	2	2,000.	0.	BOOK	N/A

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**THE MILFORD HOSPITAL, INC.**

Employer identification number

**06-0646741**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> 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. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH PELACCIA	(i)	409,000.	0.	0.	10,168.	6,059.	425,227.	0.
	(ii)	51,248.	0.	0.	1,274.	759.	53,281.	0.
2 LAURA SMITH	(i)	124,735.	0.	0.	6,847.	14,522.	146,104.	0.
	(ii)	28,388.	0.	0.	1,136.	2,408.	31,932.	0.
3 LLOYD FRIEDMAN, MD	(i)	372,178.	0.	0.	10,167.	15,142.	397,487.	0.
	(ii)	46,634.	0.	0.	1,274.	1,897.	49,805.	0.
4 ANDREW CHOW	(i)	308,834.	0.	0.	12,250.	18,243.	339,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 WILLIAM SACKS, MD	(i)	305,138.	0.	0.	12,250.	0.	317,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ANITHA KAMATH	(i)	297,750.	0.	0.	12,250.	18,243.	328,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GEORGE REESE	(i)	293,135.	0.	0.	12,250.	18,243.	323,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 RESUL DALIPI	(i)	291,585.	0.	0.	12,250.	12,458.	316,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

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

**PART I, LINE 4B: JOSEPH PELACCIA, LAURA SMITH AND LLOYD FRIEDMAN**

**PARTICIPATED IN A SUPPLEMENTAL RETIREMENT PLAN.**

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2011**

**Open To Public Inspection**

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2011

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LOUIS D'AMATO	VICE CHAIRMAN	74,464.	THE HOSPITA		X
DR. LLOYD FRIEDMAN	VP - MEDICAL AFFAIR	70,526.	DR. FRIEDMA		X
LEN NAPOLI, JR.	DIRECTOR	5,021.	LEN NAPOLI		X
JOSEPH PELACCIA	PRESIDENT & CEO	0.	JOSEPH PELA		X
SAMUEL BERGAMI, JR.	CHAIRMAN	0.	SAMUEL BERG		X
LOUIS D'AMATO	DIRECTOR	0.	LOUIS D'AMA		X
JAMES BEARD	DIRECTOR	0.	JAMES BEARD		X
JOSEPH PELACCIA	PRESIDENT & CEO	0.	MARCUM LLP		X
LEO CARROLL	DIRECTOR	0.	LEO CARROLL		X
CAROL MCINNIS	DIRECTOR	0.	CAROL MCINN		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: LOUIS D'AMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VICE CHAIRMAN

(C) AMOUNT OF TRANSACTION \$ 74,464.

(D) DESCRIPTION OF TRANSACTION: THE HOSPITAL RENTS STORAGE SPACE OF \$37,510 AND ALSO RENTS I-95 BILLBOARD OF \$36,954 FROM MR. D'AMATO.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DR. LLOYD FRIEDMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VP - MEDICAL AFFAIRS &amp; COO

(C) AMOUNT OF TRANSACTION \$ 70,526.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LEN NAPOLI, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

**Part V Supplemental Information**

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

## DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 5,021.

(D) DESCRIPTION OF TRANSACTION: LEN NAPOLI IS AN OWNER OF NAPOLI MOTORS AND PERFORMED AUTO SALES, SERVICE AND MAINTENANCE TO HOSPITAL VEHICLES IN THE AMOUNT OF \$5,021 FOR FISCAL YEAR ENDING SEPTEMBER 30, 2012.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOSEPH PELACCIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT &amp; CEO

(C) AMOUNT OF TRANSACTION \$ -0-

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHAIRMAN

(C) AMOUNT OF TRANSACTION \$ -0-

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LOUIS D'AMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: LOUIS D'AMATO IS A BOARD MEMBER OF THE

**Part V Supplemental Information**

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

MILFORD BANK. THE HOSPITAL DOES BUSINESS WITH MILFORD BANK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JAMES BEARD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ -0-

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOSEPH PELACCIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT &amp; CEO

(C) AMOUNT OF TRANSACTION \$ -0-

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LEO CARROLL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ -0-

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

**Part V** Supplemental Information

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

(A) NAME OF PERSON: CAROL MCINNIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ -0-

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

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

COMPASSION.

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

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

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

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

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

Name of the organization

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DURING THE PAST YEAR, OUR SERVICE ACCOMPLISHMENTS IN THE COMMUNITY CONTINUED TO GROW. THE DEPARTMENT OF EDUCATION CONTINUES TO PROVIDE A MONTHLY HEALTH EDUCATION ARTICLE FOR THE MILFORD SENIOR CENTER NEWSLETTER. THE DEPARTMENT ALSO PROVIDES FREE SMOKING CESSATION AND SMOKING PREVENTION PROGRAMS TO MILFORD PUBLIC AND PAROCHIAL SCHOOLS.

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

OUR HEALTH EDUCATION PROGRAMS REACHED OVER 8,000 INDIVIDUALS. THE FOLLOWING HEALTH AND WELLNESS PROGRAMS WERE OFFERED AT MILFORD HOSPITAL.

- LOSING WEIGHT THE LAP-BAND WAY
- TEA TALK - MEAN GIRLS
- WHAT EVERY WOMAN WANTS TO KNOW
- MOVE FOR YOUR HEART - ZUMBA
- YOGA
- THE DIABETIC EYE
- THE POWER OF SPIRITUAL PRAYER
- ELDER CARE LAWS
- FREEDOM FROM SMOKING
- ATTENTION ALL MEN: KNOW YOUR NUMBERS
- WOMEN LIVING WELL - TIMELESS BEAUTY - FINDING YOUR INNER BEAUTY
- STRESSED OUT - SIMPLE SANITY SECRETS
- MOTHER/DAUGHTER PUBERTY CLASSES
- ACUPUNCTURE
- YOUR PREVENTATIVE HEALTH CHECKLIST



Name of the organization <b>THE MILFORD HOSPITAL, INC.</b>	Employer identification number <b>06-0646741</b>
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- STRENGTH TRAINING WITH RESISTANCE BANDS

CHILDBIRTH EDUCATION:

1. PREPARED CHILDBIRTH CLASSES (LAMAZE)

2. BREASTFEEDING

3. BIG BROTHERS & SISTERS

4. YOUNG PARENT PROGRAM

SCREENING PROGRAMS WERE HELD FOR:

1. BLOOD PRESSURE

2. BLOOD SUGAR (DIABETES)

3. CHOLESTEROL (TOTAL AND HDL)

4. PROSTATE CANCER

WE ALSO PROVIDE THE FOLLOWING SUPPORT GROUPS ON A REGULARLY SCHEDULED

BASIS:

- ALZHEIMER'S SUPPORT GROUP

- MULTIPLE SCLEROSIS SUPPORT GROUP

- LUPUS

- BREAST CANCER

- EPILEPSY

- CARING NETWORK GRIEVING SUPPORT

- STRONGER TOGETHER

MILFORD HOSPITAL OFFERS CORPORATE SCREENINGS TO LOCAL BUSINESSES.

THESE WERE PROVIDED AT THEIR PLACE OF BUSINESS AND INCLUDED,

CHOLESTEROL, BLOOD PRESSURE, BLOOD SUGAR AND NUTRITIONAL COUNSELING.

Name of the organization THE MILFORD HOSPITAL, INC.	Employer identification number 06-0646741
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- MILFORD SENIOR CENTER
- MILFORD POLICE DEPARTMENT
- BIC CORPORATION, MAIN BUILDING
- BIC CORPORATION, BUILDING 5
- THE EDGE - FITNESS CENTER
- REGIONAL WATER AUTHORITY
- DRILL MASTERS

SPECIAL EVENTS AND SERVICES

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

- THE HOSPITAL HOSTS MONTHLY LALECHE MEETING, PROVIDES REFRESHMENTS, AND HOSTS THE ANNUAL WORLD WIDE WALK FOR BREASTFEEDING, SPONSORED BY THE LALECHE LEAGUE OF MILFORD.

- MILFORD HOSPITAL'S EDUCATION DEPARTMENT SPONSORS AN ANNUAL "CAREERS TO YOUR HEALTH FAIR" FOR MILFORD HIGH SCHOOL STUDENTS. IT IS A TABLETOP HEALTH AND CAREER INFORMATION FAIR TO INTRODUCE THE STUDENTS TO A VARIETY OF HEALTH CAREERS ALONG WITH SPECIFIC HEALTH INFORMATION.

- MILFORD HOSPITAL OFFERS A "TEA TALK" PROGRAM. THIS IS A FREE INFORMATIVE TALK FOR MOTHERS AND DAUGHTERS (AGES 11-14) ON ADOLESCENT

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ISSUES AND CONCERNS. "TEA TALK" IS AN ANNUAL EVENT HELD EACH SPRING.

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

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

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

- MILFORD HOSPITAL HOSTS AN ANNUAL 5K "LIVE WELL" COMMUNITY EVENT. THIS EVENT HELPS TO SPONSOR MANY OF THE COMMUNITY PROGRAMS AND SCREENINGS OFFERED BY MILFORD HOSPITAL.

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

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

- MILFORD HOSPITAL ALSO PROVIDES A LINGUISTIC SERVICE FOR NON-ENGLISH-SPEAKING PATIENTS. IF A LANGUAGE INTERPRETER MUST BE

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CALLED VIA A SPECIAL PHONE, THE COST OF THE CALL IS ASSUMED BY THE HOSPITAL.

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

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

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

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

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

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

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

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

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

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

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

- THE HOSPITAL PREPARED 1,799 SANDWICHES AND 9,713 MEALS FOR "MEALS ON

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WHEELS" FOR AREA RESIDENTS UNABLE TO COOK MEALS FOR THEMSELVES DUE TO THEIR PHYSICAL CONDITION.

- OUR STAFF MEMBERS ALSO HELP OUR COMMUNITY IN MANY DIFFERENT WAYS.

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

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

THESE INCLUDE:

- WEST HAVEN HIGH SCHOOL - RN SPEAKER ON WHAT IS AN ER NURSE?
- MILFORD SENIOR CENTER - SENIOR WELLNESS
- JONATHAN LAW HIGH SCHOOL GIRLS' SOFTBALL - SELF-ESTEEM
- PLATT TECH HIGH SCHOOL - MEDICAL GRADUATION COMMENCEMENT SPEAKER
- BOYS AND GIRLS VILLAGE HEART HEALTH FOR PARENTS (INCLUDING BLOOD PRESSURES)
- LOCAL GIRL SCOUT CHAPTER - MOTHER / DAUGHTER SELF ESTEEM
- AFTER SCHOOL PROGRAM MONTHLY HEALTH SERIES (JANUARY - MAY)
- YMCA - MODERATOR FOR COMMUNITY FORUM
- CARRIAGE GREEN ASSISTED LIVING - SENIOR HEALTH AND NUTRITION
- BIC - LUNCH AND LEARN - MAKING CHANGES STICK
- HOME CARE PLUS - IN-SERVICE "READY - SET - COMMUNICATE"

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- SENIOR CENTER - RETIRED WOMEN'S GROUP - "FINDING YOUR INNER BEAUTY"
- EZRA ACADEMY (WOODBIDGE) - "WHAT EVERY GIRL WANTS TO KNOW"
- TANGOE - "SIMPLE SANITY SECRETS FOR STRESS"

MILFORD HOSPITAL STRONGLY SUPPORTS THE MILFORD UNITED WAY CAMPAIGN.

STAFF PARTICIPATION INCLUDES SERVING ON:

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

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

- CONNECTICUT TUBERCULOSIS ADVISORY COMMITTEE
- CONNECTICUT ASSOCIATION OF RESPIRATORY CARE
- AMERICAN LUNG ASSOCIATION
- NEW HAVEN TUBERCULOSIS COALITION
- AMERICAN HEART ASSOCIATION
- MILFORD BOARD MEMBER
- MILFORD CHAMBER OF COMMERCE
- BOARD MEMBER
- LEGISLATION ACTION COMMITTEE
- HEALTHCARE HUMAN RESOURCES ASSOCIATION

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- MILFORD - ORANGE YMCA
- CONNECTICUT YANKEE COUNCIL - BOY SCOUTS OF AMERICA
- CONNECTICUT LEAGUE FOR NURSING
- CONNECTICUT ORGANIZATION FOR NURSE EXECUTIVES
- STATE REGIONAL PSYCHIATRIC COMMITTEE
- CATCHMENT AREA COUNCIL - PSYCHIATRIC
- AMERICAN CANCER SOCIETY
- KIDS COUNT 12345
- YOUNG PARENT PROGRAM
- AMERICAN RED CROSS
- ALZHEIMER'S ASSOCIATION
- SOCIAL SERVICE NETWORK OF MILFORD
- RAPE CRISIS CENTER
- FREE CARE FOR THE INDIGENT
- UNITED WAY OF MILFORD
- MILFORD MAYORS YOUTH FORUM
- MILFORD PREVENTION COUNCIL

IN ADDITION, MILFORD HOSPITAL TREATED:

- 3,572 PATIENTS ON AN INPATIENT BASIS
- 37,777 PATIENTS THROUGH THE EMERGENCY DEPARTMENT/WALK-IN CENTER
- 1,605 PATIENTS IN OUR AMBULATORY SURGERY SUITE

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



Name of the organization

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

FORM 990, PART VI, SECTION A, LINE 2: ATTORNEY LEO CARROLL PROVIDES LEGAL  
SERVICES TO OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: IN ADDITION TO A REVIEW OF FORM 990  
BY MANAGEMENT OF THE MILFORD HOSPITAL, THE RETURN IS REVIEWED BY THE  
CHAIRMAN AND TREASURER OF THE BOARD ON BEHALF OF THE BOARD OF DIRECTORS.  
THE RETURN IS THEN MADE AVAILABLE VIA OFFICE OUTLOOK WEB ACCESS TO EACH  
BOARD MEMBER BEFORE IT'S FILED WITH THE IRS.

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

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

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT  
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE KEPT IN THE PRESIDENT'S  
OFFICE AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A:

AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

JOSEPH PELACCIA - 5.30 HRS

Name of the organization <b>THE MILFORD HOSPITAL, INC.</b>	Employer identification number <b>06-0646741</b>
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SAMUEL BERGAMI, JR. - 0.30 HRS
LOUIS D'AMATO - 0.30 HRS
STEPHEN E. RONAI, ESQ. - 0.30 HRS
RICHARD MEISENHEIMER - 0.30 HRS
JAMES BEARD - 0.30 HRS
NANCY BENNETT - 0.30 HRS
ARMAND CANTAFIO - 0.30 HRS
LEO CARROLL - 0.30 HRS
BRADFORD GESLER - 0.30 HRS
ANN LOESCH - 0.30 HRS
CAROL MCINNIS - 0.30 HRS
LEN NAPOLI, JR. - 0.30 HRS
GARY OPIN, DMD - 0.30 HRS
RAYMOND S. OLIVER - 0.30 HRS
MICHAEL SAFFER - 0.30 HRS
RONALD SILVERBERG - 0.30 HRS
LAURA SMITH - 8.30 HRS
LLOYD FRIEDMAN, MD - 4.20 HRS

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	3,465.
PASSTHROUGH INCOME FROM CT HOSPITAL LAB NETWORK, LLC	-1,146.
PASSTHROUGH INCOME FROM HEALTH CONNECTICUT, LLC	2,691.
CHANGE IN PENSION FUND OBLIGATION	-11,309,559.
TRANSFER TO AN AFFILIATE	-711,414.
CHANGE IN EQUITY INTEREST IN MILFORD HOSPITAL FOUNDATION	43,280.
PENSION CURTAILMENT GAIN	5,482,615.
MEDICAL STAFF ACCOUNT	40,836.

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TOTAL TO FORM 990, PART XI, LINE 5 -6,449,232.

FORM 990, PART XII, LINE 2C:

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

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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

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

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

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

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportion- ate 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	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
SEABRIDGE CORPORATION - 22-2626962 300 SEASIDE AVE. MILFORD, CT 06460	OTHER MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A
MILFORD MEDICAL LABORATORY, INC. - 06-6368893 300 SEASIDE AVE. MILFORD, CT 06460	LABORATORY SERVICES	CT	N/A	C CORP	N/A	N/A	N/A
TORRY CORPORATION - 01-0724230 300 SEASIDE AVE. MILFORD, CT 06460	RENTAL REAL ESTATE	CT	N/A	C CORP	N/A	N/A	N/A

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Sale of assets to related organization(s) .....		X
<b>g</b> Purchase of assets from related organization(s) .....		X
<b>h</b> Exchange of assets with related organization(s) .....		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>n</b> Sharing of paid employees with related organization(s) .....	X	
<b>o</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>p</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>q</b> Other transfer of cash or property to related organization(s) .....	X	
<b>r</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(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	

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter filer's identifying number, see instructions

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

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

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

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

**JOSEPH PELACCIA**

• The books are in the care of  **300 SEASIDE AVENUE - MILFORD, CT 06460**  
Telephone No.  **203-876-4230** FAX No.  **(203)876-4637**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2013**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**.

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

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

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

**Signature and Verification must be completed for Part II only.**

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

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

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

For calendar year 2011, or fiscal year beginning OCT 1, 2011, and ending SEP 30, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

**THE MILFORD HOSPITAL, INC.**

**06-0646741**

Name and title of officer

**LAURA SMITH  
CFO/VP OF FINANCE**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>195798138</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

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

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**


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

06418706103  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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



FINANCIAL STATEMENTS

The Milford Hospital, Incorporated  
Years Ended September 30, 2012 and 2011  
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

The Milford Hospital, Incorporated

Financial Statements

Years Ended September 30, 2012 and 2011

**Contents**

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## Report of Independent Auditors

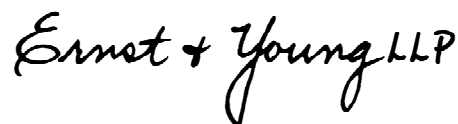
The Board of Directors  
The Milford Hospital, Incorporated

We have audited the accompanying balance sheets of The Milford Hospital, Incorporated (the Hospital) as of September 30, 2012 and 2011, and the related statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Milford Hospital, Incorporated at September 30, 2012 and 2011, and the results of its operations and changes in net assets, and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States.

As discussed in Note 1 to the accompanying financial statements, in 2012 the Hospital changed its method of reporting estimated insurance claims receivables and estimated insurance claims liabilities with the adoption of the Accounting Standards Update No. 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*.

A handwritten signature in black ink that reads 'Ernst & Young LLP'.

February 27, 2013

# The Milford Hospital, Incorporated

## Balance Sheets

	<b>September 30</b>	
	<b>2012</b>	<b>2011</b>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 404,540	\$ 956,229
Short-term investments	225,160	224,305
Patient accounts receivable, less allowance for uncollectible accounts of approximately \$4,369,000 in 2012 and \$4,896,000 in 2011	12,293,728	12,622,341
Inventories	861,132	774,644
Prepaid expenses and other	1,443,580	1,467,390
Insured claims receivable	939,962	–
Total current assets	16,168,102	16,044,909
Investments	12,311,143	20,575,753
Assets limited as to use	1,681,166	1,804,281
Property, plant, and equipment:		
Land and improvements	1,427,341	1,545,184
Building and improvements	38,197,439	38,526,752
Equipment	32,734,508	31,950,837
Construction-in-progress	–	36,667
	72,359,288	72,059,440
Less accumulated depreciation	(48,777,136)	(47,323,119)
	23,582,152	24,736,321
Beneficial interest in Milford Hospital Foundation, Inc.	789,204	745,924
Due from affiliates	654,070	676,168
Insured claims receivable, net of current portion	3,038,843	–
	4,482,117	1,422,092
Total assets	\$ 58,224,680	\$ 64,583,356

	<b>September 30</b>	
	<b>2012</b>	<b>2011</b>
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 4,350,123	\$ 4,033,312
Accrued employee compensation	6,702,468	6,308,053
Other accrued liabilities	2,359,227	2,859,722
Due to affiliates	11,500	–
Due to third-party reimbursement agencies	895,803	2,024,212
Current portion of note payable to bank	935,367	955,684
Insured claims liabilities	939,962	–
Total current liabilities	<b>16,194,450</b>	16,180,983
Note payable to bank, less current portion	–	935,367
Insured claims liabilities, net of current portion	3,038,843	–
Accrued pension and other liabilities	31,720,924	31,971,787
Total liabilities	<b>50,954,217</b>	49,088,137
Net assets:		
Unrestricted	5,927,259	14,195,295
Temporarily restricted	669,441	626,161
Permanently restricted	673,763	673,763
Total net assets	<b>7,270,463</b>	15,495,219
Total liabilities and net assets	<b>\$ 58,224,680</b>	<b>\$ 64,583,356</b>

*See accompanying notes.*

The Milford Hospital, Incorporated

Statements of Operations and Changes in Net Assets

	<b>Year Ended September 30</b>	
	<b>2012</b>	<b>2011</b>
Operating revenues:		
Net revenues from services to patients	<b>\$ 84,451,715</b>	\$ 79,860,535
Other operating revenues	<b>2,505,143</b>	547,970
	<b>86,956,858</b>	80,408,505
Operating expenses:		
Salaries and wages	<b>37,965,219</b>	37,951,254
Employee benefits	<b>14,538,699</b>	13,445,501
Supplies and other	<b>28,253,961</b>	23,097,160
Provision for uncollectible accounts	<b>7,028,914</b>	7,611,773
Depreciation	<b>2,796,910</b>	3,208,305
Interest	<b>102,151</b>	168,405
	<b>90,685,854</b>	85,482,398
Operating loss	<b>(3,728,996)</b>	(5,073,893)
Nonoperating income:		
Investment income, net	<b>1,939,764</b>	2,111,457
Deficiency of revenues over expenses before change in unrealized gains and losses on investments	<b>(1,789,232)</b>	(2,962,436)
Change in unrealized gains and losses on investments	<b>3,465</b>	(2,445,378)
Deficiency of revenues over expenses	<b>(1,785,767)</b>	(5,407,814)

*Continued on next page.*



The Milford Hospital, Incorporated

Statements of Operations and Changes in Net Assets (continued)

	<b>Year Ended September 30</b>	
	<b>2012</b>	<b>2011</b>
Unrestricted net assets:		
Deficiency of revenues over expenses (continued)	<b>\$ (1,785,767)</b>	\$ (5,407,814)
Net assets released from restrictions for capital	<b>56,089</b>	16,991
Net asset transfers to Milford Health and Medical, Inc.	<b>(711,414)</b>	(1,205,306)
Change in net assets related to pension plan liability to be recognized in future periods	<b>(11,309,559)</b>	(4,694,052)
Pension curtailment gain	<b>5,482,615</b>	–
Decrease in unrestricted net assets	<b>(8,268,036)</b>	(11,290,181)
Temporarily restricted net assets:		
Net assets released from restrictions for capital	<b>(56,089)</b>	(16,991)
Interest income	<b>56,089</b>	16,991
Change in beneficial interest of Milford Hospital Foundation, Inc.	<b>43,280</b>	(90,045)
Increase (decrease) in temporarily restricted net assets	<b>43,280</b>	(90,045)
Permanently restricted net assets:		
Restricted gifts	–	5,000
Change in beneficial interest of Milford Hospital Foundation, Inc.	–	58,471
Increase in permanently restricted net assets	–	63,471
Decrease in net assets	<b>(8,224,756)</b>	(11,316,755)
Net assets at beginning of year	<b>15,495,219</b>	26,811,974
Net assets at end of year	<b>\$ 7,270,463</b>	\$ 15,495,219

*See accompanying notes.*

# The Milford Hospital, Incorporated

## Statements of Cash Flows

	<b>Year Ended September 30</b>	
	<b>2012</b>	<b>2011</b>
<b>Operating activities</b>		
Change in net assets	<b>\$ (8,224,756)</b>	\$ (11,316,755)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Noncash items:		
Provision for uncollectible accounts	<b>7,028,914</b>	7,611,773
Depreciation	<b>2,796,910</b>	3,208,305
Change in unrealized gains and losses on investments	<b>(3,465)</b>	2,445,378
Change in net assets related to pension plan liability to be recognized in future periods	<b>11,309,559</b>	4,694,052
Pension curtailment gain	<b>(5,482,615)</b>	–
Net asset items:		
Net asset transfers to Milford Health and Medical, Inc.	<b>711,414</b>	1,205,306
Change in beneficial interest in Milford Hospital Foundation, Inc.	<b>(43,280)</b>	31,574
Restricted gifts	–	(5,000)
Changes in assets and liabilities:		
Patient accounts receivable	<b>(6,700,301)</b>	(8,007,316)
Due from affiliates	<b>22,098</b>	43,445
Inventories	<b>(86,488)</b>	(25,859)
Prepaid expenses and other	<b>23,810</b>	(124,980)
Investments classified as trading	<b>8,268,075</b>	4,772,566
Accounts payable	<b>316,811</b>	74,951
Accrued employee compensation	<b>394,415</b>	496,451
Other accrued liabilities	<b>(500,495)</b>	(274,277)
Due to affiliates	<b>11,500</b>	–
Due to third-party reimbursement agencies	<b>(1,128,409)</b>	138,810
Accrued pension and other liabilities	<b>(6,077,807)</b>	(642,475)
Net cash provided by operating activities	<b>2,635,890</b>	4,325,949
<b>Investing activities</b>		
Net purchases of property, plant, and equipment	<b>(1,642,741)</b>	(1,574,611)
Net purchases of short-term investments	<b>(855)</b>	(1,077)
Increase in assets limited as to use	<b>123,115</b>	(4,896)
Net cash used in investing activities	<b>(1,520,481)</b>	(1,580,584)

The Milford Hospital, Incorporated

Statements of Cash Flows (continued)

	<b>Year Ended September 30</b>	
	<b>2012</b>	<b>2011</b>
<b>Financing activities</b>		
Payments made on note payable to bank	\$ (955,684)	\$ (892,497)
Restricted gifts	-	5,000
Net asset transfers to Milford Health and Medical, Inc.	(711,414)	(1,205,306)
Net cash used in financing activities	<u>(1,667,098)</u>	<u>(2,092,803)</u>
(Decrease) increase in cash and cash equivalents	(551,689)	652,562
Cash and cash equivalents at beginning of year	956,229	303,667
Cash and cash equivalents at end of year	<u>\$ 404,540</u>	<u>\$ 956,229</u>

*See accompanying notes.*

# The Milford Hospital, Incorporated

## Notes to Financial Statements

September 30, 2012

### **1. Organization and Accounting Policies**

#### **Organization**

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

#### **Estimates and Assumptions**

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

#### **Regulatory Matters**

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

#### **Cash and Cash Equivalents and Short-Term Investments**

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

# The Milford Hospital, Incorporated

## Notes to Financial Statements (continued)

### **1. Organization and Accounting Policies (continued)**

#### **Inventories**

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

#### **Fair Value of Financial Instruments**

The carrying value of financial instruments in the accompanying balance sheets as of September 30, 2012 and 2011 approximates fair value based on current market conditions. The fair value of each financial instrument is disclosed in the respective notes and in Note 4.

#### **Investments**

The Hospital's investment portfolio is classified as trading, with changes in unrealized gains and losses included in the deficiency of revenues over expenses. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value at the balance sheet date. Assets temporarily restricted (by donor) are recorded at fair value at the date of donation, which is then considered cost.

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

# The Milford Hospital, Incorporated

## Notes to Financial Statements (continued)

### **1. Organization and Accounting Policies (continued)**

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

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

#### **Assets Limited As To Use**

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

#### **Patient Accounts Receivable**

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for uncollectible accounts result from the provision for uncollectible accounts. Accounts written off as uncollectible are deducted from the allowance for uncollectible accounts. The amount of the allowance for uncollectible accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs.

The Hospital's primary concentration of credit risk is patient accounts receivable, which consists of amounts owed by various governmental agencies, insurance companies, and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts, and by providing appropriate allowances for uncollectible amounts. Significant concentrations of gross patient accounts receivable, before allowances for uncollectible accounts, include 47% and 42% for Medicare, and 6% and 8% for Medicaid, for the years ended September 30, 2012 and 2011, respectively.

# The Milford Hospital, Incorporated

## Notes to Financial Statements (continued)

### 1. Organization and Accounting Policies (continued)

#### Property, Plant, and Equipment

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

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

#### Restricted Net Assets

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

#### Donor-Restricted Gifts

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

#### Deficiency of Revenues Over Expenses

The statements of operations and changes in net assets include the deficiency of revenues over expenses as the performance indicator. Changes in unrestricted net assets which are excluded from the deficiency of revenues over expenses include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets, including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets, change in net assets related to pension plan liability to be recognized in future periods and the pension curtailment gain.

# The Milford Hospital, Incorporated

## Notes to Financial Statements (continued)

### **1. Organization and Accounting Policies (continued)**

#### **Nonoperating Income**

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

#### **Beneficial Interest in Milford Hospital Foundation, Inc.**

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

#### **Income Taxes**

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code), and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code and is exempt from the State of Connecticut and local income taxes. The Hospital has a net operating loss carryforward from unrelated business activities of approximately \$6,237,000. A deferred tax asset for these losses of approximately \$2,495,000 is offset by a corresponding valuation allowance of the same amount. Operating loss carryforwards will begin to expire in 7 years.

#### **Subsequent Events**

The Hospital evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition in the financial statements as of the balance sheet date. For the year ended September 30, 2012, the Hospital evaluated subsequent events through February 27, 2013, which is the date the financial statements were available to be issued. No events occurred that require disclosure in or adjustment to the financial statements.



# The Milford Hospital, Incorporated

## Notes to Financial Statements (continued)

### 1. Organization and Accounting Policies (continued)

#### New Accounting Standards

In August 2010, the FASB issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* (ASU No. 2010-24). ASU 2010-24 clarifies that, for medical malpractice or similar contingent liabilities, a health care entity such as the Hospital should not net insurance recoveries against related claims liabilities and that claims liabilities should be determined without consideration of insurance recoveries. Health care entities that are indemnified for these liabilities should recognize insurance receivables at the same time that they recognize the liabilities, measured on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible amounts. As a result of the adoption of ASU No. 2010-24 in 2012, the Hospital recognized insurance claims receivable and insurance claims liability of approximately \$3,979,000 (\$940,000 current and \$3,039,000 long-term) in the accompanying balance sheet at September 30, 2012. Such amounts represent the actuarially determined present value of medical malpractice and other insurance claims that are anticipated to be covered by insurance, discounted at a rate of 3.5%. As permitted, the Hospital's balance sheet as of September 30, 2011 was not restated to reflect the adoption of this accounting pronouncement, which has no effect on the Hospital's net assets.

In July 2011, the FASB issued ASU No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. The provisions of ASU No. 2011-07 require certain health care entities that recognize significant amounts of patient service revenue at the time the services are rendered without assessing the patient's ability to pay to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue in the statement of operations and changes in net assets rather than as an operating expense. Additional disclosures relating to sources of patient service revenue and the allowance for uncollectible accounts are also required. This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Hospital plans to adopt the provisions of ASU No. 2011-07 in 2013.

#### Reclassifications

Certain reclassifications have been made to the 2011 balances previously reported to conform to the current year presentation.

The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**2. Revenues from Services to Patients and Charity Care**

The following table summarizes net revenues from services to patients:

	<b>Year Ended September 30</b>	
	<b>2012</b>	<b>2011</b>
Gross revenues from services to patients	<b>\$ 189,422,163</b>	\$ 184,109,979
Deductions:		
Allowances	<b>104,777,915</b>	104,061,678
Charity care	<b>192,533</b>	187,766
	<b>104,970,448</b>	104,249,444
	<b>\$ 84,451,715</b>	\$ 79,860,535

During fiscal years 2012 and 2011, the Hospital's net revenues from services to patients were 40% and 37% from Medicare, 4% and 7% from Medicaid, and 17% and 18% from Blue Cross (governmental payors include managed Medicare and Medicaid business), respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term. The Hospital believes that it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital.

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

## The Milford Hospital, Incorporated

### Notes to Financial Statements (continued)

#### **2. Revenues from Services to Patients and Charity Care (continued)**

Net revenues from services to patients is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined. Revenue under third-party payor agreements is subject to audit and retroactive adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Retroactive adjustments related to settlements with third-party payors for previous fiscal years increased net revenues from services to patients by approximately \$2,101,000 and decreased net revenues from services to patients by approximately \$228,000 for the years ended September 30, 2012 and 2011, respectively. In prior years, the Hospital was a party to a Medicare appeal claim challenging the calculation of the rural floor budget neutrality adjustment. In fiscal 2012, the appeal was settled and the Hospital received a payment of approximately \$869,000 which is included in retroactive settlement adjustments referred to above.

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

The estimated cost of charity care provided was \$92,762 and \$87,180 for the years ended September 30, 2012 and 2011, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data.

The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**3. Investments**

Investments are comprised of the following at September 30:

	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$ 2,283,664	\$ 1,928,762
Government bonds	2,015,518	2,699,287
Corporate bonds	1,541,644	1,634,084
Other fixed income	24,924	–
Equities	4,440,235	13,078,051
Commodities	702,604	–
Alternative investments	1,283,286	1,205,131
Accrued interest	19,268	30,438
	<u>\$ 12,311,143</u>	<u>\$ 20,575,753</u>

Assets limited as to use are comprised of the following at September 30:

	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$ 694,939	\$ 754,029
Government bonds	379,175	391,081
Corporate bonds	179,947	289,079
Other fixed income securities	327,947	288,955
Equities	96,355	76,429
Accrued interest	2,803	4,708
	<u>\$ 1,681,166</u>	<u>\$ 1,804,281</u>

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

	<u>2012</u>	<u>2011</u>
Internally designated	\$ 939,766	\$ 1,118,969
Temporarily restricted for capital purposes	187,400	131,312
Permanently restricted	554,000	554,000
	<u>\$ 1,681,166</u>	<u>\$ 1,804,281</u>

## The Milford Hospital, Incorporated

### Notes to Financial Statements (continued)

#### 3. Investments (continued)

The components of investment earnings, included in nonoperating income, include the following for the years ended September 30:

	2012	2011
Interest income	\$ 28,607	\$ 41,526
Dividend income	285,887	420,745
Realized capital gains and losses	1,625,270	1,649,186
Investment income, net	1,939,764	2,111,457
Change in unrealized gains and losses on investments	3,465	(2,445,378)
Total return on investments	\$ 1,943,229	\$ (333,921)

#### 4. Fair Value of Financial Instruments

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

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

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

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

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

The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**4. Fair Value of Financial Instruments (continued)**

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

	<b>September 30, 2012</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 404,540	\$ —	\$ —	\$ 404,540
Short-term investments:				
Cash and cash equivalents	225,160	—	—	225,160
Investments:				
Cash and cash equivalents	2,283,664	—	—	2,283,664
Fixed income:				
Government bonds	—	2,015,518	—	2,015,518
Corporate bonds	—	1,541,644	—	1,541,644
Other	—	24,924	—	24,924
Equities:				
International	1,317,713	—	—	1,317,713
Small cap	24,893	—	—	24,893
Mid cap	637,840	—	—	637,840
Large cap	1,955,888	—	—	1,955,888
Emerging markets	503,901	—	—	503,901
Commodities	702,604	—	—	702,604
Assets limited as to use:				
Cash and cash equivalents	694,939	—	—	694,939
Fixed income:				
Government bonds	—	379,175	—	379,175
Corporate bonds	—	179,947	—	179,947
Other	—	327,947	—	327,947
Equities:				
International	4,350	—	—	4,350
Small cap	3,038	—	—	3,038
Mid cap	3,142	—	—	3,142
Large cap	85,825	—	—	85,825

## The Milford Hospital, Incorporated

### Notes to Financial Statements (continued)

#### 4. Fair Value of Financial Instruments (continued)

	September 30, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 956,229	\$ —	\$ —	\$ 956,229
Short-term investments:				
Cash and cash equivalents	224,305	—	—	224,305
Investments:				
Cash and cash equivalents	1,928,762	—	—	1,928,762
Fixed income:				
Government bonds	—	2,699,287	—	2,699,287
Corporate bonds	—	1,634,084	—	1,634,084
Equities:				
International	2,175,765	—	—	2,175,765
Mid cap	1,334,583	—	—	1,334,583
Large cap	8,626,927	—	—	8,626,927
Emerging markets	940,776	—	—	940,776
Assets limited as to use:				
Cash and cash equivalents	754,029	—	—	754,029
Fixed income:				
Government bonds	—	391,081	—	391,081
Corporate bonds	—	289,079	—	289,079
Other	—	288,956	—	288,955
Equities:				
International	3,860	—	—	3,860
Mid cap	2,491	—	—	2,491
Emerging markets	23,646	—	—	23,646
Other	46,432	—	—	46,432

The amounts reported in the tables above do not include alternative investments totaling \$1,283,286 and \$1,205,131 for the years ended September 30, 2012 and 2011, respectively, that are accounted for under the equity method of accounting.

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

## The Milford Hospital, Incorporated

### Notes to Financial Statements (continued)

#### **5. Debt**

The Hospital has a mortgage note arrangement with a bank secured by Hospital property. The Hospital pays principal and interest at a fixed rate of 6.86% over a ten-year term. At September 30, 2012 and 2011, the Hospital had an unpaid principal balance of \$935,367 and \$1,891,051, respectively. The mortgage note has a maturity date of August 15, 2013. Interest paid during fiscal years 2012 and 2011 amounted to \$97,317 and \$160,685, respectively. As of September 30, 2012 and 2011, the carrying value of the mortgage note approximates fair value.

Future minimum principal payments during the next fiscal year, and in the aggregate, were \$935,367 at September 30, 2012.

#### **6. Pension Plan**

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

Effective August 26, 2009, the Hospital's Executive Committee of the Board of Directors adopted a resolution to freeze the Plan for non-union employees effective December 31, 2009. Effective January 24, 2012, the Hospital's Executive Committee of the Board of Directors adopted a resolution to freeze the Plan for nursing union employees effective January 31, 2012 which resulted in a pension curtailment gain of \$5,482,615.

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

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



The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**6. Pension Plan (continued)**

Included in unrestricted net assets at September 30, 2012 and 2011 are the following amounts that have not yet been recognized in net periodic pension cost:

	<u>2012</u>	<u>2011</u>
Unrecognized actuarial loss	\$ (27,716,287)	\$ (21,666,535)
Unrecognized prior service costs	–	(222,808)
	<u>\$ (27,716,287)</u>	<u>\$ (21,889,343)</u>

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

	<u>September 30</u>	
	<u>2012</u>	<u>2011</u>
<b>Change in benefit obligation</b>		
Benefit obligation at beginning of year	\$ 82,488,161	\$ 80,267,273
Service cost	988,966	1,017,495
Interest cost	3,644,948	3,890,994
Benefits paid	(2,974,691)	(3,172,320)
Expenses paid	(570,708)	(453,640)
Curtailement gain	(5,482,615)	–
Actuarial loss	15,887,556	938,359
Benefit obligation at end of year	<u>93,981,617</u>	<u>82,488,161</u>
<b>Change in plan assets</b>		
Fair value of plan assets at beginning of year	52,878,221	54,569,223
Contributions	7,052,981	2,500,000
Actual return on plan assets	8,487,811	(522,230)
Benefits paid	(2,974,691)	(3,172,320)
Expenses paid	(570,708)	(496,452)
Fair value of plan assets at end of year	<u>64,873,614</u>	<u>52,878,221</u>
Funded status of the plan	<u>\$ (29,108,003)</u>	<u>\$ (29,609,940)</u>

The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**6. Pension Plan (continued)**

	<b>September 30</b>	
	<b>2012</b>	<b>2011</b>
<b>Components of net periodic pension cost</b>		
Service cost	\$ 988,966	\$ 1,017,495
Interest cost	3,644,948	3,890,994
Expected return on plan assets	(4,454,673)	(4,368,627)
Amortization of prior service cost	–	68,933
Curtailment loss	222,808	–
Net amortization and deferral	322,051	1,109,044
Net periodic pension cost	<u>\$ 724,100</u>	<u>\$ 1,717,839</u>

The weighted-average assumptions used to develop net periodic benefit cost, and the projected benefit obligation as of September 30, 2012 and 2011, are as follows:

	<b>2012</b>	<b>2011</b>
Discount rate used for net periodic pension cost	4.75%	5.00%
Discount rate used for projected benefit obligation	3.73	4.75
Expected long-term rate of return on plan assets	8.00	8.00
Rate of compensation increase	3.00	3.50

The accumulated benefit obligation at September 30, 2012 and 2011 was \$93,981,617 and \$76,602,288, respectively.

**Plan Assets**

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

The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**6. Pension Plan (continued)**

The Hospital's pension plan weighted-average allocations at September 30, 2012 and 2011, by asset category, are as follows:

<b>Asset Category</b>	<b>2012</b>	<b>2011</b>
Cash and money market funds	<b>11.6%</b>	4.2%
Government bonds	<b>13.7</b>	15.8
Corporate bonds	<b>7.9</b>	8.5
Equities	<b>62.2</b>	67.4
Alternative investments	<b>4.6</b>	4.1
Total	<b>100.0%</b>	100.0%

The target allocation for the Plan's assets is 65% equity securities, 25% fixed income securities, and 10% other investments.

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

	<b>September 30, 2012</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 7,504,707	\$ —	\$ —	\$ 7,504,707
Fixed income:				
Government bonds	—	8,858,044	—	8,858,044
Corporate bonds	—	5,117,442	—	5,117,442
Equities:				
International	13,610,566	—	—	13,610,566
Mid cap	2,520,875	—	—	2,520,875
Large cap	24,274,555	—	—	24,274,555
Alternative investments	—	—	2,987,425	2,987,425
	<b>\$ 47,910,703</b>	<b>\$ 13,975,486</b>	<b>\$ 2,987,425</b>	<b>\$ 64,873,614</b>

The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**6. Pension Plan (continued)**

	<b>September 30, 2011</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 2,232,417	\$ –	\$ –	\$ 2,232,417
Fixed income:				
Government bonds	–	8,380,644	–	8,380,644
Corporate bonds	–	4,496,920	–	4,496,920
Equities:				
International	9,139,673	–	–	9,139,673
Mid cap	4,174,933	–	–	4,174,933
Large cap	22,325,812	–	–	22,325,812
Alternative investments	–	–	2,127,822	2,127,822
	<u>\$ 37,872,835</u>	<u>\$ 12,877,564</u>	<u>\$ 2,127,822</u>	<u>\$ 52,878,221</u>

The changes in investments classified as Level 3 are as follows for the years ended September 30, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Beginning balance for the year	<b>\$ 2,127,822</b>	\$ 1,842,050
Purchases	<b>687,500</b>	250,000
Net change in unrealized appreciation	<b>172,103</b>	35,772
Ending balance for the year	<u><b>\$ 2,987,425</b></u>	<u>\$ 2,127,822</u>

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

# The Milford Hospital, Incorporated

## Notes to Financial Statements (continued)

### 6. Pension Plan (continued)

significant unobservable inputs, such as extrapolated data, proprietary models or indicative quotes that cannot be corroborated with market data are classified in Level 3 within the fair value hierarchy. Level 3 assets are valued based on the Hospital's ownership interest in the net asset value (NAV) of the fund as discussed above. As the NAV reported by each fund is used as a practical expedient to estimate the fair value of the Hospital's interest therein, its classification as Level 3 is based on the Hospital's ability to redeem its interest at or near the measurement date. The Hospital routinely monitors and assesses methodologies and assumptions used in valuing these interests.

#### Contributions

The Hospital expects to contribute approximately \$625,000 to the Plan in 2013.

#### Estimated Future Benefit Payments

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

Fiscal years:	
2013	\$ 3,180,417
2014	3,548,552
2015	3,660,425
2016	3,855,780
2017	4,003,178
Years 2018 – 2022	23,887,895

# The Milford Hospital, Incorporated

## Notes to Financial Statements (continued)

### 7. Transactions With Affiliates

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

	<b>September 30</b>	
	<b>2012</b>	<b>2011</b>
Milford Medical Lab, Inc.	<b>\$ 221,205</b>	\$ 224,110
Milford Health and Medical, Inc.	<b>364,864</b>	309,799
Home Care Plus, Inc.	<b>34,777</b>	28,702
Other affiliated entities	<b>33,224</b>	113,557
	<b><u>\$ 654,070</u></b>	<b><u>\$ 676,168</u></b>

Amounts due from Milford Medical Lab, Inc. relate to lab and related services provided by the Hospital on behalf of Milford Medical Lab, Inc. The Hospital charged Milford Medical Lab, Inc. \$692,504 and \$704,714 in 2012 and 2011, respectively, for those services. The receivable from Milford Medical Lab, Inc. is net of an allowance for uncollectible accounts of \$8,802,439 and \$8,137,743 at September 30, 2012 and 2011, respectively. Amounts due from Milford Health and Medical, Inc., Home Care Plus, Inc., and other affiliated entities are the result of allocating joint general and administrative costs incurred by the Hospital. The amounts allocated to affiliates during the years ended September 30, 2012 and 2011 were \$143,075 and \$124,304, respectively.

### 8. Medical Malpractice Insurance

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

Management accrues its best estimate of losses as they occur. Accordingly, management has recorded a liability of approximately \$596,000 and \$594,000 at September 30, 2012 and 2011, respectively, for claims incurred but not reported which is included in accrued pension and other liabilities on the balance sheet. This liability has been discounted using a 3.5% discount rate at September 30, 2012 and 2011, respectively.

The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**8. Medical Malpractice Insurance (continued)**

Malpractice claims have been asserted against the Hospital by various claimants. These claims are in various stages of processing, and some may ultimately be brought to trial. There are known incidents that have occurred through September 30, 2012 that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients in the past. In management's opinion, the outcome of these matters will not have a material effect on the Hospital's financial statements.

**9. Commitments and Contingencies**

The Hospital is a party to various lawsuits incidental to its business. Management believes that the lawsuits fall within the Hospital's liability insurance, and that they will not have a material adverse effect on the Hospital's financial statements.

**10. Functional Expenses**

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

	<b>Year Ended September 30</b>	
	<b>2012</b>	<b>2011</b>
Healthcare services	<b>\$ 81,170,301</b>	\$ 75,830,354
General and administrative	<b>9,515,553</b>	9,652,044
	<b>\$ 90,685,854</b>	<b>\$ 85,482,398</b>

The Milford Hospital, Incorporated

Notes to Financial Statements (continued)

**11. Other Operating Revenues**

Other operating revenues consist of the following for the years ended September 30, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Electronic health records incentive payments	<b>\$ 2,003,647</b>	\$ –
Cafeteria	<b>237,396</b>	247,998
Pharmacy	<b>198,790</b>	190,688
Other	<b>65,310</b>	109,284
	<b><u>\$ 2,505,143</u></b>	<b><u>\$ 547,970</u></b>

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. EHR incentive payment revenue from Medicare and Medicaid for the year ended September 30, 2012 was approximately \$1,808,000 and \$196,000, respectively, and is included in other operating revenue. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit.



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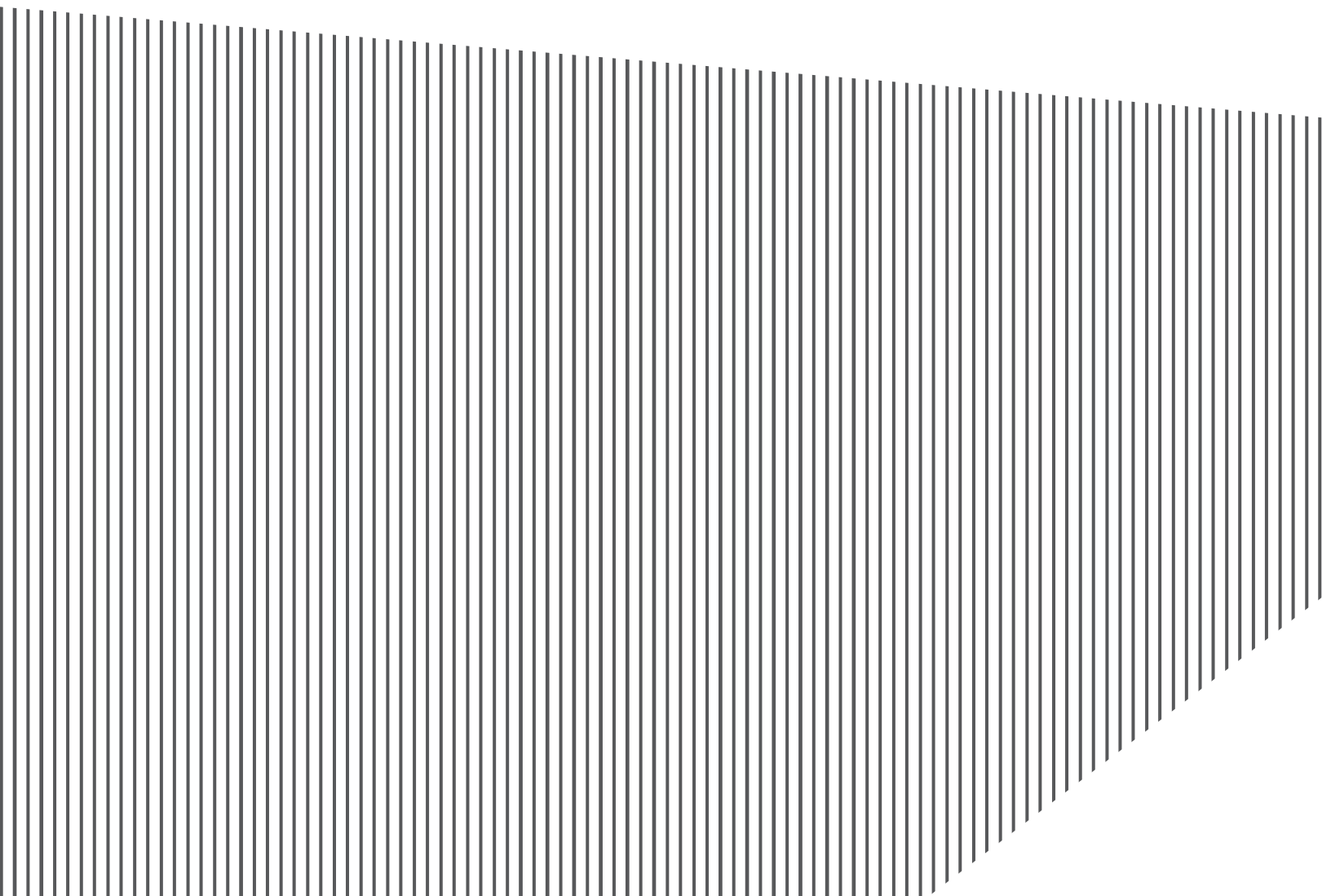
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**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2011**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

Open to Public Inspection for  
501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(C)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
**58,315,458.**

**D** Employer identification number (Employees' trust, see instructions.)  
**06-0646741**

**E** Unrelated business activity codes (See instructions.)  
**541610 621500**

Name of organization (  Check box if name changed and see instructions.)  
**THE MILFORD HOSPITAL, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**300 SEASIDE AVENUE**

City or town, state, and ZIP code  
**MILFORD, CT 06460**

**F** Group exemption number (See instructions.)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

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

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

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

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <b>4,812,908.</b>			
b	Less returns and allowances <b>1,871,478.</b> c Balance	<b>2,941,430.</b>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	<b>2,941,430.</b>		<b>2,941,430.</b>
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	<b>-1,545.</b>	<b>STMT 1</b>	<b>-1,545.</b>
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.) <b>STATEMENT 2</b>	<b>72,975.</b>		<b>72,975.</b>
13	<b>Total.</b> Combine lines 3 through 12	<b>3,012,860.</b>		<b>3,012,860.</b>

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

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			<b>1,832,859.</b>
16	Repairs and maintenance			<b>16,419.</b>
17	Bad debts			<b>45,686.</b>
18	Interest (attach schedule)			
19	Taxes and licenses			<b>12,544.</b>
20	Charitable contributions (See instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	<b>21</b>	<b>1,256.</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>1,256.</b>
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			<b>424,361.</b>
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule) <b>SEE STATEMENT 3</b>			<b>587,812.</b>
29	<b>Total deductions.</b> Add lines 14 through 28			<b>2,920,937.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>91,923.</b>
31	Net operating loss deduction (limited to the amount on line 30)			<b>91,923.</b>
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			<b>0.</b>
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)			<b>1,000.</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			<b>0.</b>

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ 50,000. (2) \$ 25,000. (3) \$ 9,925,000.  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 ▶ **35c** 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) ▶ **36**  
**37 Proxy tax.** See instructions ▶ **37**  
**38 Alternative minimum tax** ▶ **38**  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ▶ **39** 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ **40a**  
**b** Other credits (see instructions) ▶ **40b**  
**c** General business credit. Attach Form 3800 ▶ **40c**  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ **40d**  
**e** Total credits. Add lines 40a through 40d ▶ **40e**  
**41** Subtract line 40e from line 39 ▶ **41** 0.  
**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) ▶ **42**  
**43** Total tax. Add lines 41 and 42 ▶ **43** 0.  
**44a** Payments: A 2010 overpayment credited to 2011 ▶ **44a**  
**b** 2011 estimated tax payments ▶ **44b**  
**c** Tax deposited with Form 8868 ▶ **44c**  
**d** Foreign organizations: Tax paid or withheld at source (see instructions) ▶ **44d**  
**e** Backup withholding (see instructions) ▶ **44e**  
**f** Credit for small employer health insurance premiums (Attach Form 8941) ▶ **44f**  
**g** Other credits and payments:  Form 2439  Form 4136  Other ▶ **44g**  
**45** Total payments. Add lines 44a through 44g ▶ **45**  
**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  ▶ **46**  
**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ **47** 0.  
**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ **48** 0.  
**49** Enter the amount of line 48 you want: Credited to 2012 estimated tax ▶ **49** Refunded ▶ **49**

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

**1** At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶

Yes	No
	X

  
**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ▶

	X
--	---

  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ ▶

Yes	No
	X

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

<b>1</b> Inventory at beginning of year <span style="float:right">▶</span> <b>1</b>	<b>6</b> Inventory at end of year <span style="float:right">▶</span> <b>6</b>				
<b>2</b> Purchases <span style="float:right">▶</span> <b>2</b>	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <span style="float:right">▶</span> <b>7</b>				
<b>3</b> Cost of labor <span style="float:right">▶</span> <b>3</b>					
<b>4a</b> Additional section 263A costs <span style="float:right">▶</span> <b>4a</b>					
<b>b</b> Other costs (attach schedule) <span style="float:right">▶</span> <b>4b</b>					
<b>5</b> Total. Add lines 1 through 4b <span style="float:right">▶</span> <b>5</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float:right">▶</span> <table border="1" style="float:right"> <tr><td>Yes</td><td>No</td></tr> <tr><td></td><td>X</td></tr> </table>	Yes	No		X
Yes	No				
	X				

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>DOUGLAS FARRINGTON</b>	Preparer's signature <i>[Signature]</i>	Date <b>8/8/13</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00370668</b>
Firm's name <span style="float:right">▶</span> <b>MARCUM LLP</b>		Firm's EIN <span style="float:right">▶</span> <b>11-1986323</b>	
Firm's address <span style="float:right">▶</span> <b>CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103</b>		Phone no. <b>860-549-8500</b>	

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

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

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

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

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

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

Part I only

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOSEPH PELACCIA**

- The books are in the care of ▶ **300 SEASIDE AVENUE - MILFORD, CT 06460**  
 Telephone No. ▶ **203-876-4230** FAX No. ▶ **(203)876-4637**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

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

1. Description of property

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

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> <span style="float:right">▶</span>			0.	0.
<b>Total dividends-received deductions</b> included in column 8 <span style="float:right">▶</span>			0.	

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

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

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

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

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
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DESCRIPTION	AMOUNT
INCOME FROM PARTNERSHIP	-1,545.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-1,545.

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
OTHER INCOME	72,975.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	72,975.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
BLOOD DRAWING FEES	442,959.
SUPPLIES	49,729.
MALPRACTICE INSURANCE	1,076.
HOUSEKEEPING	15,388.
PURCHASING	1,781.
BILLING	663.
PLANT OPERATION	4,788.
AUTO	66,810.
MISCELLANEOUS	4,018.
OUTSIDE SERVICES	600.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	587,812.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	4
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CORPORATION'S NAME	IDENTIFYING NO
MILFORD HEALTH & MEDICAL, INC.	22-2627346

**SCHEDULE O  
(Form 1120)**

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

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ See separate instructions.

**2011**

Name **THE MILFORD HOSPITAL** Employer identification number **06-0646741**

**Part I Apportionment Plan Information**

1 Type of controlled group:

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

2 This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 1120) (2011)

113335 12-12-11 JWA



**Part II Taxable Income Apportionment** (See instructions)

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

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

Schedule O (Form 1120) (2011)

**Part III** Income Tax Apportionment (See instructions)

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

Schedule O (Form 1120) (2011)

**Part IV Other Apportionments (See instructions)**

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

**Schedule O (Form 1120) (2011)**

# Form CT-990T

2011

## Connecticut Unrelated Business Income Tax Return

Enter Income Year Beginning **OCTOBER 1**, 2011, and Ending **SEPTEMBER 30**, 2012

<b>DRS Use Only</b> Audited by <input type="checkbox"/> F <input type="checkbox"/> O Init.	Organization name (please type or print) <b>THE MILFORD HOSPITAL, INC.</b>	CT Tax Registration Number <b>6560023</b>
	Address number and street PO Box <b>300 SEASIDE AVENUE</b>	DRS use only - - 20
	City or town State ZIP code <b>MILFORD, CT 06460</b>	Federal Employer ID Number (FEIN) <b>06-0646741</b>

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

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

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

Type of organization:  Corporation  Domestic trust  Foreign trust  Other: Explain \_\_\_\_\_

1. Date unrelated trade or business began in Connecticut: \_\_\_\_\_

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

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

Date qualified in Connecticut if not incorporated in Connecticut: \_\_\_\_\_

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

Computation of Income	
1. Federal unrelated business taxable income from 2011 federal Form 990-T, Part II, Line 34	1 0.00
2. Federal net operating loss deduction from 2011 federal Form 990-T, Part II, Line 31	2 91,923.00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3 0.00
4. Total: Add Lines 1, 2, and 3	4 91,923.00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5 0.00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	6 91,923.00

Computation of Tax	
1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3	1 91,923.00
2. Apportionment fraction from Schedule A, Line 5, page 2. Carry to six places	2 1.000000
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	3 91,923.00
4. Operating loss carryover from Schedule B, Line 12 on page 2	4 91,923.00
5. Income subject to tax: Subtract Line 4 from Line 3	5 0.00
6. Tax: Multiply Line 5 by 7.5% (.075)	6 0.00

Computation of Amount Payable	
1. Tax: Include surtax if applicable. See instructions	1 0.00
2. Reserved for future use	2 0.00
3. Total Tax: Enter the amount from Line 1	3 0.00
4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1	4 0.00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5 0.00
6a. Paid with application for extension from Form CT-990T EXT	6a 0.00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b 0.00
6c. Overpayment from prior year	6c 0.00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c	6 0.00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	7 0.00
8. Add Penalty (8a) Interest (8b) CT-1120f Interest (8c)	8 0.00
9. Amount to be credited to 2012 estimated tax (9a) Refunded (9b)	9 0.00

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

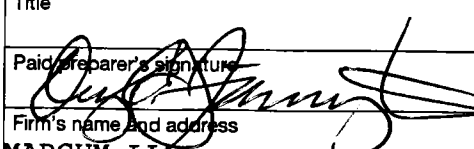
9c. Checking  Savings  9d. Routing number \_\_\_\_\_

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

10. Balance due with this return: Add Line 7 and Line 8 10 0.00

Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) TSC Taxpayer Service Center Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014 Make check payable to: Commissioner of Revenue Services

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

Sign Here  Keep a copy of this return for your records.	Signature of officer or fiduciary 	Date 8/9/13	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Title Paid preparer's signature	Telephone number (203) 876-4000	Preparer's SSN or PTIN P00370668
	Firm's name and address MARCUM LLP HARTFORD, CT 06103	FEIN 11-1986323	Telephone number 860-549-8500
	1019 141901 12-27-11		

**Schedule A - Unrelated Business Income Apportionment:** See instructions.

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

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

**Schedule B - Connecticut Apportioned Operating Loss Carryover**

1. 2000 Connecticut net operating loss available for use in 2011	1.	475,424	00
2. 2001 Connecticut net operating loss available for use in 2011	2.	581,511	00
3. 2002 Connecticut net operating loss available for use in 2011	3.	680,374	00
4. 2003 Connecticut net operating loss available for use in 2011	4.	876,926	00
5. 2004 Connecticut net operating loss available for use in 2011	5.	908,250	00
6. 2005 Connecticut net operating loss available for use in 2011	6.	660,076	00
7. 2006 Connecticut net operating loss available for use in 2011	7.	507,909	00
8. 2007 Connecticut net operating loss available for use in 2011	8.	183,569	00
9. 2008 Connecticut net operating loss available for use in 2011	9.	295,148	00
10. 2009 Connecticut net operating loss available for use in 2011	10.	335,022	00
11. 2010 Connecticut net operating loss available for use in 2011	11.	171,035	00
12. <b>Total:</b> Add Lines 1 through 11. Enter here and on <i>Computation of Tax, Line 4.</i>	12.	5,675,244	00

**Schedule C - Computation of Net Operating Loss Carryforward**

1. Enter amount from <i>Computation of Income, Line 6</i> , if less than zero	1.		00
2. Add back specific deduction from 2011 federal Form 990-T, Part II, Line 33	2.		00
3. Subtotal: Add Line 1 and Line 2	3.		00
4. Apportionment fraction from <i>Schedule A, Line 5</i>	4.		
5. 2011 Connecticut net operating loss available for carryforward: Multiply Line 3 by Line 4	5.		00

Department of Revenue Services  
 State of Connecticut  
 PO Box 5014  
 Hartford CT 06102-5014  
 (Rev. 12/11)

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

**2011**

See instructions.

Enter Income Year Beginning **OCT 1**, 2011, and Ending **SEP 30**, 2012

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

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

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

Check type of organization:  Corporation  Domestic trust  Foreign trust  Other

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

I request a six-month extension of time to file Form CT-990T, Connecticut Unrelated Business Income Tax Return, for calendar year 2011, or until 08/15/13 for fiscal year ending 09/30/12

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2011, or fiscal year beginning OCTOBER 1, 2011, and ending SEPTEMBER 30, 201.  Yes  No

If No, the reason for the Connecticut extension is \_\_\_\_\_

*Notification will be sent only if extension request is denied*

**Tentative Return**

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

Make check payable to **Commissioner of Revenue Services**. Write the organization's Connecticut Tax Registration Number and "2011 Form CT-990T EXT" on the check and attach it to the return.

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

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

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

Signature of officer or fiduciary 	Title <b>CHA</b>	Date <b>1/28/13</b>	Telephone number <b>(203) 876-4000</b>
Paid preparer's signature 	Title <b>CPA</b>	Date <b>1/18/13</b>	Preparer's SSN or PTIN <b>P00370668</b>
Firm's name and address <b>MARKUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103</b>			FEIN <b>11-1986323</b> Telephone number <b>860-549-8500</b>

1019

141911  
12-27-11

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

**2011**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(C)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>58,315,458.</b></p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE MILFORD HOSPITAL, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>300 SEASIDE AVENUE</b></p> <p>City or town, state, and ZIP code  <b>MILFORD, CT 06460</b></p> <p><b>F</b> Group exemption number (See instructions.) <b>▶</b></p> <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>06-0646741</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>541610 621500</b></p>
---	-----------------------------	--	---

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

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

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

		(A) Income	(B) Expenses	(C) Net
<b>Part I Unrelated Trade or Business Income</b>				
<b>1 a</b> Gross receipts or sales <b>4,812,908.</b>				
<b>b</b> Less returns and allowances <b>1,871,478.</b> <b>c</b> Balance <b>▶</b>	<b>1c</b>	<b>2,941,430.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>	<b>2,941,430.</b>		<b>2,941,430.</b>
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>	<b>-1,545.</b>	<b>STMT 1</b>	<b>-1,545.</b>
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See instructions; attach schedule.) <b>STATEMENT 2</b>	<b>12</b>	<b>72,975.</b>		<b>72,975.</b>
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>3,012,860.</b>		<b>3,012,860.</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)					
<b>15</b> Salaries and wages	<b>15</b>				<b>1,832,859.</b>
<b>16</b> Repairs and maintenance	<b>16</b>				<b>16,419.</b>
<b>17</b> Bad debts	<b>17</b>				<b>45,686.</b>
<b>18</b> Interest (attach schedule)	<b>18</b>				
<b>19</b> Taxes and licenses	<b>19</b>				<b>12,544.</b>
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>				
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		<b>1,256.</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>			<b>22b</b>	<b>1,256.</b>
<b>23</b> Depletion	<b>23</b>				
<b>24</b> Contributions to deferred compensation plans	<b>24</b>				
<b>25</b> Employee benefit programs	<b>25</b>				<b>424,361.</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>				
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>				
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 3</b>	<b>28</b>				<b>587,812.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>				<b>2,920,937.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>				<b>91,923.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>				<b>91,923.</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>				<b>0.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)	<b>33</b>				<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>				<b>0.</b>

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [X] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ 50,000. (2) \$ 25,000. (3) \$ 9,925,000. b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 35c 0. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36 37 Proxy tax. See instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40b Other credits (see instructions) 40b 40c General business credit. Attach Form 3800 40c 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d 40e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 0. 42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 0. 44a Payments: A 2010 overpayment credited to 2011 44a 44b 2011 estimated tax payments 44b 44c Tax deposited with Form 8868 44c 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44d 44e Backup withholding (see instructions) 44e 44f Credit for small employer health insurance premiums (Attach Form 8941) 44f 44g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 44g 45 Total payments. Add lines 44a through 44g 45 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0. 49 Enter the amount of line 48 you want: Credited to 2012 estimated tax Refunded 49

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

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [ ] Yes [ ] No X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [ ] Yes [ ] No X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4a Additional section 263A costs 4a 4b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? [ ] Yes [ ] No X

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name DOUGLAS FARRINGTON Preparer's signature Date 8/8/13 Check [ ] if self-employed PTIN P00370668 Firm's name MARCUM LLP Firm's EIN 11-1986323 Firm's address CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103 Phone no. 860-549-8500



## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

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

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

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

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

Part I only

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOSEPH PELACCIA**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2012)

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

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

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5	
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> <span style="float:right">▶</span>				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

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

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

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

DESCRIPTION	AMOUNT
INCOME FROM PARTNERSHIP	-1,545.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-1,545.

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
OTHER INCOME	72,975.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	72,975.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
BLOOD DRAWING FEES	442,959.
SUPPLIES	49,729.
MALPRACTICE INSURANCE	1,076.
HOUSEKEEPING	15,388.
PURCHASING	1,781.
BILLING	663.
PLANT OPERATION	4,788.
AUTO	66,810.
MISCELLANEOUS	4,018.
OUTSIDE SERVICES	600.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	587,812.

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

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

**SCHEDULE O  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ See separate instructions.

OMB No. 1545-0123

**2011**

Name

Employer identification number

**THE MILFORD HOSPITAL**

**06-0646741**

**Part I Apportionment Plan Information**

1 Type of controlled group:

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

2 This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 1120) (2011)

**Part II Taxable Income Apportionment** (See instructions)

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

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

Schedule O (Form 1120) (2011)

**Part III** Income Tax Apportionment (See instructions)

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

Schedule O (Form 1120) (2011)

**Part IV Other Apportionments** (See instructions)

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

Schedule O (Form 1120) (2011)