MARCUM
ACCOUNTANTS ▲ ADVISORS

AUGUST 15, 2016

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

DEAR LAURA:

ENCLOSED ARE THE ORGANIZATION'S 2014 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, 2016.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2016.

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, 2016.

NO PAYMENT IS REQUIRED.

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

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

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

VERY TRULY YOURS,

DOUGLAS J FARRINGTON
MARCUM LLP

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning OCT 1 , 2014, and ending SEP 30 ,20 15

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

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

OMB No. 1545-1878

2014

Name of exempt organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

Name and title of officer

LAURA SMITH
CFO/VP OF FINANCE

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

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

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	206,686,766.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 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

[X] 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 2014 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 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 06411606103

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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

EXTENDED TO AUGUST 15, 2016

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 private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 **and ending** SEP 30, 2015

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE MILFORD HOSPITAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 300 SEASIDE AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
MILFORD, CT 06460

F Name and address of principal officer: LAURA SMITH
SAME AS C ABOVE

D Employer identification number
06-0646741

E Telephone number
(203)876-4000

G Gross receipts $ 207,419,412.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.MILFORDHOSPITAL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1942 **M** State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HOSPITAL SERVICES		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	726
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,950,690.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-319,449.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,720.	27,118.
9	Program service revenue (Part VIII, line 2g)	198,736,085.	205,565,894.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	680,930.	310,457.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,496,468.	783,297.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,919,203.	206,686,766.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,200.	68,581.
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)	46,643,509.	43,940,948.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	161,045,211.	167,069,486.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,764,920.	211,079,015.
19	Revenue less expenses. Subtract line 18 from line 12	-6,845,717.	-4,392,249.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	47,049,222.	42,633,067.
21	Total liabilities (Part X, line 26)	47,964,274.	63,873,278.
22	Net assets or fund balances. Subtract line 21 from line 20	-915,052.	-21,240,211.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ LAURA SMITH, CFO/VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DOUGLAS FARRINGTON			☐	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. 860-760-0600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF MILFORD HOSPITAL IS TO EFFECTIVELY AND EFFICIENTLY PROVIDE HIGH QUALITY HEALTHCARE SERVICES IN A MODERN AND SAFE ENVIRONMENT, BY ANTICIPATING AND EXCEEDING THE NEEDS OF PATIENTS, PHYSICIANS AND ALL OF OUR PATIENTS 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 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 $ 202,374,678. including grants of $ 68,581.) (Revenue $ 205,873,242.)
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 ▶ 202,374,678.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	726		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

JOSEPH PELACCIA - 203-876-4230

300 SEASIDE AVENUE, MILFORD, CT 06460

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAMUEL BERGAMI, JR.	1.00									
CHAIRMAN	0.30	X		X				0.	0.	0.
(2) LOUIS D'AMATO	1.00									
VICE CHAIRMAN	0.30	X		X				0.	0.	0.
(3) MICHAEL SAFFER, ESQ.	1.00									
SECRETARY	0.30	X		X				0.	0.	0.
(4) RICHARD MEISENHEIMER	1.00									
TREASURER	0.30	X		X				0.	0.	0.
(5) JOSEPH PELACCIA	38.40									
PRESIDENT & CEO	8.50	X		X				709,127.	156,657.	127,110.
(6) JAMES BEARD	1.00									
DIRECTOR	0.30	X						0.	0.	0.
(7) NANCY BENNETT	1.00									
DIRECTOR	0.30	X						0.	0.	0.
(8) ARMAND CANTAFIO	1.00									
DIRECTOR	0.30	X						0.	0.	0.
(9) LEO CARROLL, ESQ.	1.00									
DIRECTOR	0.30	X						0.	0.	0.
(10) BRADFORD GESLER	1.00									
DIRECTOR	0.30	X						0.	0.	0.
(11) ANN LOESCH	0.20									
DIRECTOR	0.10	X						0.	0.	0.
(12) CAROL MCINNIS	0.20									
DIRECTOR	0.10	X						0.	0.	0.
(13) LEN NAPOLI, JR.	1.00									
DIRECTOR	0.30	X						0.	0.	0.
(14) RAYMOND S. OLIVER	0.20									
DIRECTOR	0.10	X						0.	0.	0.
(15) GARY OPIN, DMD	0.20									
DIRECTOR	0.10	X						0.	0.	0.
(16) RONALD SILVERBERG	0.20									
DIRECTOR	0.10	X						0.	0.	0.
(17) LATHA ALAPARTHI, MD	1.00									
DIRECTOR / MEDICAL STAFF PRESIDENT	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARLES GUGLIN, MD	1.00									
DIRECTOR / MEDICAL STAFF PRESIDENT	0.30	X						0.	0.	0.
(19) RITA CANAS	0.20									
DIRECTOR / AUXILIARY CO-PRESIDENT	0.10	X						0.	0.	0.
(20) PATRICIA CUCUZZA	0.20									
DIRECTOR / AUXILIARY CO-PRESIDENT	0.10	X						0.	0.	0.
(21) LLOYD FRIEDMAN, MD	30.30									
VP MEDICAL AFFAIRS & COO	7.20			X				652,251.	154,639.	133,519.
(22) LAURA SMITH	36.30									
VP FINANCE & CFO	9.80			X				154,536.	41,565.	64,570.
(23) ANITHA KAMATH	40.00									
CHIEF PATHOLOGIST						X		330,580.	0.	37,023.
(24) MAGDALEN MAURIELLO	40.00									
DIRECTOR OF HOSPITALISTS						X		317,584.	0.	33,047.
(25) MICHAEL RUDOLPH	40.00									
HOSPITALIST						X		247,852.	0.	38,246.
(26) RESUL DALIPPI	44.00									
HOSPITALIST						X		322,260.	0.	38,182.
1b Sub-total ▶								2,734,190.	352,861.	471,697.
c Total from continuation sheets to Part VII, Section A ▶								332,529.	0.	43,240.
d Total (add lines 1b and 1c) ▶								3,066,719.	352,861.	514,937.

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 ▶ 65

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFTERCARE PHYSICAL THERAPY SERVICES 4154 MADISON AVE., TRUMBULL, CT 06611	THERAPY SERVICES	681,616.
WEATHERBY LOCUMS, INC. P.O. BOX 972633, DALLAS, TX 75397	PHYSICIAN SERVICES	593,173.
SODEXO OPERATIONS, LLC P.O. BOX 360170, PITTSBURGH, PA 15251	FOOD SERVICE	579,423.
ACCELECARE WOUND CENTER, INC. P.O. BOX 671242, DALLAS, TX 75267	WOUND SERVICES	351,730.
QUEST DIAGNOSTICS, INC., 2025 COLLECTION CENTER DR., CHICAGO, IL 60693	LAB TESTING SERVICES	267,817.

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 ▶ 17

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) ANDREW CHOW HOSPITALIST	46.00					X		332,529.	0.	43,240.
Total to Part VII, Section A, line 1c								332,529.		43,240.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,118.			
	g Noncash contributions included in lines 1a-1f: $ 5,139.					
	h **Total.** Add lines 1a-1f		27,118.			
Program Service Revenue		**Business Code**				
	2a SPECIAL SERVICES	621500	151,982,816.	149,596,106.	2,386,710.	
	b ROUTINE SERVICES	624100	47,970,844.	47,970,844.		
	c INPATIENT REHABILITATION UNIT	624100	3,071,055.	3,071,055.		
	d OTHER SERVICES	541610	2,541,179.		2,541,179.	
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		205,565,894.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		371,075.			371,075.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents: 10,200.					
	b Less: rental expenses: 9,178.					
	c Rental income or (loss): 1,022.					
	d Net rental income or (loss)		1,022.		1,022.	
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory: 2. / 589,251.					
	b Less: cost or other basis and sales expenses: 13,608. / 636,263.					
	c Gain or (loss): -13,606. / -47,012.					
	d Net gain or (loss)		-60,618.			-60,618.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a: 49,507.					
	b Less: direct expenses b: 15,808.					
	c Net income or (loss) from fundraising events		33,699.			33,699.
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a: 98,676.					
	b Less: cost of goods sold b: 57,789.					
	c Net income or (loss) from sales of inventory		40,887.			40,887.
	Miscellaneous Revenue	**Business Code**				
	11a MEANINGFUL USE INCOME	900099	307,348.	307,348.		
	b CAFETERIA REVENUE	722210	191,022.			191,022.
	c PHARMACY SALES	446110	129,370.			129,370.
	d All other revenue	541610	79,949.		21,779.	58,170.
	e **Total.** Add lines 11a-11d		707,689.			
	12 **Total revenue.** See instructions.		206,686,766.	200,945,353.	4,950,690.	763,605.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	64,081.	64,081.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,500.	4,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,319,289.	569,676.	749,613.	
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	31,842,994.	28,497,562.	3,345,432.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,398,220.	1,257,954.	140,266.	
9 Other employee benefits	7,065,072.	6,361,471.	703,601.	
10 Payroll taxes	2,315,373.	2,007,578.	307,795.	
11 Fees for services (non-employees):				
a Management	3,846.		3,846.	
b Legal	158,898.		158,898.	
c Accounting	160,039.		160,039.	
d Lobbying	24,115.		24,115.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,763.		1,763.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,959,315.	5,763,358.	1,195,957.	
12 Advertising and promotion	82,575.	62.	82,513.	
13 Office expenses	1,078,568.	892,380.	186,188.	
14 Information technology	360,219.	59,366.	300,853.	
15 Royalties				
16 Occupancy	1,980,254.	1,852,564.	127,690.	
17 Travel	15,610.	5,107.	10,503.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,868.	9,503.	365.	
20 Interest	85,184.		85,184.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,415,217.	1,669,705.	745,512.	
23 Insurance	29,279.		29,279.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOWANCE FOR UNPAID CA	137,071,144.	137,071,144.		
b MEDICAL EXPENSES	9,689,110.	9,689,110.		
c BAD DEBTS	3,556,700.	3,556,700.		
d PHARMACEUTICAL DRUGS	2,456,036.	2,456,036.		
e All other expenses	931,746.	586,821.	344,925.	
25 **Total functional expenses.** Add lines 1 through 24e	211,079,015.	202,374,678.	8,704,337.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		927,082.	1	654,674.
	2	Savings and temporary cash investments		8,698,413.	2	5,496,550.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,850,797.	4	8,480,597.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		799,067.	8	803,259.
	9	Prepaid expenses and deferred charges		337,599.	9	360,501.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,080,312.			
	b	Less: accumulated depreciation	10b 32,778,530.	20,998,883.	10c	20,301,782.
	11	Investments - publicly traded securities		933,032.	11	779,309.
	12	Investments - other securities. See Part IV, line 11		960,239.	12	946,440.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,544,110.	15	4,809,955.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		47,049,222.	16	42,633,067.
Liabilities	17	Accounts payable and accrued expenses		15,605,433.	17	14,399,146.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		6,000,000.	23	8,000,000.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		26,358,841.	25	41,474,132.
	26	**Total liabilities.** Add lines 17 through 25		47,964,274.	26	63,873,278.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-2,429,291.	27	-22,740,651.
	28	Temporarily restricted net assets		840,476.	28	826,677.
	29	Permanently restricted net assets		673,763.	29	673,763.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-915,052.	33	-21,240,211.
	34	Total liabilities and net assets/fund balances		47,049,222.	34	42,633,067.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,686,766.
2	Total expenses (must equal Part IX, column (A), line 25)	2	211,079,015.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,392,249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-915,052.
5	Net unrealized gains (losses) on investments	5	-194,840.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,738,070.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-21,240,211.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	**Employer identification number**
THE MILFORD HOSPITAL, INC.	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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[redacted] [redacted] MILFORD, CT 06460	$ 5,139.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2	[redacted] [redacted] MILFORD, CT 06460	$ 15,000.	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	AUTOMOBILE	$ 5,139.	08/27/15
		$	
		$	
		$	
		$	
		$	
		$	

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

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		24,115.
j Total. Add lines 1c through 1i			24,115.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); 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 $18,402. CHA REPRESENTS CT HOSPITALS AND WORKS WITH OTHER ORGANIZATIONS LIKE AHA TO ADDRESS STATE AND FEDERAL LEGISLATIVE ISSUES AFFECTING HOSPITALS.

Part IV **Supplemental Information** *(continued)*

THE HOSPITAL ALSO PAID DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA), WHICH INCLUDED LOBBYING COSTS OF $5,713. 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.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 a 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	629,510.	724,626.	741,399.	685,311.	663,319.
b Contributions					5,000.
c Net investment earnings, gains, and losses	6,976.	17,634.	-16,773.	56,088.	16,992.
d Grants or scholarships					
e Other expenditures for facilities and programs		112,750.			
f Administrative expenses					
g End of year balance	636,486.	629,510.	724,626.	741,399.	685,311.

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 87.00 %
c Temporarily restricted endowment ▶ 13.00 %

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		825,066.		825,066.
b Buildings	103,155.	15,478,327.	2,259,595.	13,321,887.
c Leasehold improvements				
d Equipment		36,060,889.	29,924,175.	6,136,714.
e Other		612,875.	594,760.	18,115.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				20,301,782.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,349,268.
(2) OTHER RECEIVABLES	414,259.
(3) INSURED CLAIMS RECEIVABLE	3,046,428.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	4,809,955.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION	32,759,034.
(3) DUE TO THIRD PARTY	1,761,001.
(4) DEFERRED COMPENSATION	343,985.
(5) DUE TO AFFILIATES	230,880.
(6) OTHER ACCRUED BENEFITS	1,173,081.
(7) INSURED CLAIMS LIABILITIES	3,046,428.
(8) DEFERRED GRANT INCOME	1,602,025.
(9) MALPRACTICE LIABILITY	557,698.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	41,474,132.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements			1	67,616,028.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-194,840.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-248,504.		
e	Add lines **2a** through **2d**			2e	-443,344.
3	Subtract line **2e** from line **1**			3	68,059,372.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	138,627,394.		
c	Add lines **4a** and **4b**			4c	138,627,394.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	206,686,766.

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

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

1	Total expenses and losses per audited financial statements			1	72,222,787.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	47,012.		
e	Add lines **2a** through **2d**			2e	47,012.
3	Subtract line **2e** from line **1**			3	72,175,775.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,763.		
b	Other (Describe in Part XIII.)	4b	138,901,477.		
c	Add lines **4a** and **4b**			4c	138,903,240.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	211,079,015.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

OTHER ALLOWANCES	-70,286.
INVESTMENT EXPENSES	-1,763.
MANAGEMENT FEE	-3,846.
INPATIENT REHABILITATION EXPENSES	-172,609.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-248,504.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE	137,071,144.
AUXILIARY REVENUE	72,043.
CHARITY CARE	245,354.

Part XIII Supplemental Information *(continued)*

PASSTHROUGH INCOME	-94.
OTHER EXPENSES NETTED FROM REVENUE	1,249,001.
REVENUE/EXPENSE RECLASS	6,315.
LOSS ON SALE OF ASSETS	-47,012.
MEDICAL STAFF ACCOUNT REVENUE	30,643.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	138,627,394.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF ASSETS	47,012.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE	137,071,144.
AUXILIARY EXPENSE	70,544.
CHARITY CARE	245,354.
OTHER EXPENSES NETTED FROM REVENUE	1,249,001.
OTHER ALLOWANCES	70,286.
REVENUE/EXPENSE RECLASS	6,315.
MEDICAL STAFF ACCOUNT EXPENSE	12,378.
MANAGEMENT FEE	3,846.
INPATIENT REHABILITATION EXPENSES	172,609.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	138,901,477.

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.**

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

OMB No. 1545-0047

2014

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total ▶						

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 CELEBRATION OF TREES (event type)	(b) Event #2 MOTHER'S DAY ROAD RACE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	21,775.	14,052.		35,827.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21,775.	14,052.		35,827.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		308.		308.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,011.	7,638.		10,649.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				10,957.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				24,870.

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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.** 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 provide any additional information (see instructions).

Part IV **Supplemental Information** *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
THE MILFORD HOSPITAL, INC.

Employer identification number
06-0646741

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 250 %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		110	104,993.	4,451.	100,542.	.05%
b Medicaid (from Worksheet 3, column a)		10,735	11474766.	6970662.	4504104.	2.17%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		10,845	11579759.	6975113.	4604646.	2.22%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	41	101,131	78,204.	2,885.	75,319.	.04%
f Health professions education (from Worksheet 5)	7	154	484,644.		484,644.	.23%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	68,002	108,038.		108,038.	.05%
j **Total.** Other Benefits	59	169,287	670,886.	2,885.	668,001.	.32%
k **Total.** Add lines 7d and 7j	59	180,132	12250645.	6977998.	5272647.	2.54%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support		100,010	95,817.	11,332.	84,485.	.04%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy		141	479,052.		479,052.	.23%
8	Workforce development						
9	Other		67,980	72,451.		72,451.	.03%
10	**Total**		168,131	647,320.	11,332.	635,988.	.30%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 3,556,700.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 245,354.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	18,967,413.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	25,377,495.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-6,410,082.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 THE MILFORD HOSPITAL, INC. 300 SEASIDE AVENUE MILFORD, CT 06460	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group THE MILFORD HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[ ] The process for consulting with persons representing the community's interests			
i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.MILFORDHOSPITAL.ORG			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): WWW.MILFORDHOSPITAL.ORG			
b	If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group THE MILFORD HOSPITAL, INC.

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[ ] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.MILFORDHOSPITAL.ORG			
b	[ ] The FAP application form was widely available on a website (list url):			
c	[ ] A plain language summary of the FAP was widely available on a website (list url):			
d	[ ] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[ ] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] Other (describe in Section C)			

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Actions that require a legal or judicial process			
d	[ ] Other similar actions (describe in Section C)			
e	[X] None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group THE MILFORD HOSPITAL, INC.

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes", check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- **a** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☒ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Section C)

23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
	If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
	If "Yes," explain in Section C.			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

THE MILFORD HOSPITAL, INC.:

PART V, SECTION B, LINE 5: IN PREPARING THE CHNA, MILFORD HOSPTIAL CONSULTED WITH HOLLERAN ASSOCIATES. THE CHNA WAS COMPRISED OF BOTH QUALITATIVE AND QUANTITATIVE RESEARCH COMPONENTS INCLUDING IN DEPTH REVIEW OF THE MILFORD COMMUNITY NEEDS ASSESSMENT CONDUCTED BY THE UNITED WAY OF CONNECTICUT'S COMMUNITY RESULTS CENTER. THIS STUDY WAS COMPRISED OF FOCUS GROUPS, KEY INFORMANT INTERVIEWS, A WEB BASED SURVEY AND SECONDARY DATA. IN ADDITION, A COLLECTION AND ANALYSIS OF ADDITIONAL DATA INCLUDING HEALTH INDICATORS AND STATISTICS AS REPORTED BY THE CDC AND THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH WAS CONDUCTED.

IN DEVELOPING AN IMPLEMENTATION STRATEGY AND COMMUNITY PLAN, THE HOSPITAL HELD A STRATEGIC PLANNING SESSION WITH THE FOLLOWING COMMUNITY LEADERS AND PROVIDERS:

JOSEPH PELACCIA, MILFORD HOSPITAL, PRESIDENT AND CEO

LAURA SMITH, MILFORD HOSPITAL, VICE PRESIDENT FINANCE AND CFO

DR. LLOYD FRIEDMAN, VICE PRESIDENT MEDICAL AFFAIRS AND COO

KAREN KIPFER, MILFORD HOSPITAL, DIRECTOR OF COMMUNITY RELATIONS

SENATOR GAYLE SLOSSBERG, STATE SENATOR

STEVE FOURNIER, ASSISTANCE MAYOR, CITY OF MILFORD

DR. ELIZABETH FESER, SUPERINTENDENT OF SCHOOLS, CITY OF MILFORD

DR. DENNIS MCBRIDE, DIRECTOR, CITY OF MILFORD HEALTH DEPARTMENT

JOHN A. HARKINS, MAYOR, CITY OF STRATFORD, CT

GARY JOHNSON, UNITED WAY OF MILFORD, PRESIDENT

BARRY KASDAN, PRESIDENT AND CEO, BRIDGES, A COMMUNITY SUPPORT SYSTEM

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ROBERT LEWIS, MD, CARDIOVASCULAR PHYSICIANS AND CONSULTANTS, LLC

JOYCE LINDSAY, DIRECTOR, HOME CARE PLUS

ANN MARIE RICKS, MD, SEASIDE OB/GYN OF MILFORD

CALVIN E. ROBINSON, JR., PASTOR, FIRST BAPTIST CHURCH

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 THE MILFORD HOSPITAL WALK-IN CENTER 831 BOSTON POST ROAD MILFORD, CT 06460	WALK IN CENTER

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

N/A

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 3,556,700.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

PART III, LINE 2:

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

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

PART III, LINE 3:

Part VI **Supplemental Information** *(Continuation)*

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

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

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

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

PART III, LINE 4:

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE:

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

PART III, LINE 8:

THE HOSPITAL'S COSTS EXCEED REVENUE RECEIVED FROM CMS FOR MEDICARE PATIENTS BY APPROXIMATELY $6.4M. THE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT.

Part VI Supplemental Information *(Continuation)*

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.

PART VI, LINE 2:

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

PART VI, LINE 3:

NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED BY THE HOSPITAL IN BOTH ENGLISH AND SPANISH IN THE FOLLOWING LOCATIONS: ADMITTING, EMERGENCY, BILLING AND CREDIT AND COLLECTIONS AND SOCIAL SERVICES DEPARTMENTS. FINANCIAL ASSISTANCE INFORMATION IS ALSO MADE PUBLICLY AVAILABLE ON THE MILFORD HOSPITAL WEBSITE.

PART VI, LINE 4:

MILFORD HOSPITAL SERVES THE COMMUNITY OF MILFORD, CT AND SEVERAL SURROUNDING COMMUNITIES. MILFORD IS A SMALL CITY OF 52,759 RESIDENTS LOCATED ON LONG ISLAND SOUND. THE ECONOMY IS DIVERSIFIED AND SUPPORTS MANUFACTURING, RETAIL, CORPORATE OFFICE AND SERVICE INDUSTRIES. THE MAJORITY OF THE POPULATION IDENTIFIES THEMSELVES AS WHITE (89.15%), HOWEVER, THE ASIAN AND HISPANIC POPULATIONS HAVE INCREASED RAPIDLY.

Part VI **Supplemental Information** *(Continuation)*

MILFORD HAS AN OLDER POPULATION (16.3% OVER THE AGE OF 65), HIGHER THAN BOTH THE CONNECTICUT AND NATIONAL AVERAGES. CHILDREN AND YOUTH COMPRISE 20% OF THE POPULATION. THE ECONOMIC INDICATORS ARE MIXED. RESIDENTS HAVE EXPERIENCED FINANCIAL STRESS IN RECENT YEARS. THE SURROUNDING COMMUNITIES HAVE SIMILAR DEMOGRAPHIC PROFILES.

PART VI, LINE 5:

MILFORD HOSPITAL IS NOT ONLY THE HEALTHCARE PROVIDER FOR THE COMMUNITY, BUT ALSO A RESOURCE AND A PARTNER TO NUMEROUS COMMUNITY BOARDS, COALITIONS, PROGRAMS AND ORGANIZATIONS. IN ADDITION, THE HOSPITAL PROVIDES EMERGENCY PREPAREDNESS AND DISASTER PLANNING FOR THE HOSPITAL AND THE ENTIRE COMMUNITY WHICH IT SERVES. COMMUNITY HEALTH AND WELLNESS PROGRAMS, HEALTH PROFESSIONAL EDUCATION AND HEALTH PROMOTION ACTIVITIES ARE OFFERED TO THE COMMUNITY THROUGHOUT THE YEAR. IN 2015, OVER 10,000 PERSONS WERE SERVED VIA EDUCATIONAL OFFERINGS AND MORE THAN 100,000 PEOPLE WERE IMPACTED THROUGH HEALTH PROMOTION, EMERGENCY PLANNING AND OTHER ACTIVITIES.

PART VI, LINE 6:

N/A

PART VI, LINE 7: MILFORD HOSPITAL FILES A COMMUNITY BENEFIT REPORT TO THE STATE OF CONNECTICUT VIA THE CONNECTICUT HOSPITAL ASSOCIATION (CHA).

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

CT

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

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? ..... [X] 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILFORD HOSPITAL FOUNDATION VIA M.H. WAYS & MEANS - 300 SEASIDE AVENUE - MILFORD, CT 06460	22-2627350	501(C)(3)	25,800.	0.	BOOK	N/A	EQUIPMENT PURCHASE
MILFORD HOSPITAL FOUNDATION VIA M.H. HOSPITALITY SHOP - 300 SEASIDE AVENUE - MILFORD, CT 06460	22-2627350	501(C)(3)	37,000.	0.	BOOK	N/A	EQUIPMENT PURCHASE

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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	3	2,500.	0.	BOOK	N/A
SCHOLARSHIPS	2	2,000.	0.	BOOK	N/A

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

PART I, LINE 2:

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

SCHEDULE J (Form 990)

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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number

06-0646741

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH PELACCIA	(i)	484,137.	0.	224,990.	97,360.	6,751.	813,238.	0.
PRESIDENT & CEO	(ii)	106,953.	0.	49,704.	21,508.	1,491.	179,656.	0.
(2) LLOYD FRIEDMAN, MD	(i)	445,397.	0.	206,854.	91,859.	16,072.	760,182.	0.
VP MEDICAL AFFAIRS & COO	(ii)	105,597.	0.	49,042.	21,778.	3,810.	180,227.	0.
(3) LAURA SMITH	(i)	154,536.	0.	0.	35,451.	15,433.	205,420.	0.
VP FINANCE & CFO	(ii)	41,565.	0.	0.	9,535.	4,151.	55,251.	0.
(4) ANITHA KAMATH	(i)	330,580.	0.	0.	6,800.	30,223.	367,603.	0.
CHIEF PATHOLOGIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MAGDALEN MAURIELLO	(i)	317,584.	0.	0.	6,800.	26,247.	350,631.	0.
DIRECTOR OF HOSPITALISTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL RUDOLPH	(i)	247,852.	0.	0.	6,598.	31,648.	286,098.	0.
HOSPITALIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RESUL DALIPPI	(i)	322,260.	0.	0.	6,499.	31,683.	360,442.	0.
HOSPITALIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW CHOW	(i)	332,529.	0.	0.	6,800.	36,440.	375,769.	0.
HOSPITALIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

JOSEPH PELACCIA, LAURA SMITH AND LLOYD FRIEDMAN PARTICIPATED IN A SUPPLEMENTAL RETIREMENT PLAN.

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 PREVENT ILLNESS AND CHRONIC DISEASE AND LEAD HEALTHIER LIVES.

Name of the organization: THE MILFORD HOSPITAL, INC.

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IN FY 2015, MILFORD HOSPITAL PROVIDED HEALTHCARE SERVICES TO:

3,292 PATIENTS ON AN INPATIENT BASIS

48,350 PATIENTS THROUGH THE EMERGENCY DEPARTMENT/WALK-IN CENTER

1,205 PATIENTS IN OUR AMBULATORY SURGERY SUITE

IN ADDITION TO DIRECT PATIENT CARE, THE HOSPITAL PROVIDED EDUCATION, HEALTH SCREENINGS AND SUPPORT SERVICES TO OVER 5,500 INDIVIDUALS THROUGH A VARIETY OF MODALITIES INVOLVING PERSONAL INTERACTION. INDIRECTLY, DURING FY 2015, VIA OUR WEBSITE ALONE, THE HOSPITAL PROVIDED INFORMATION TO MORE THAN 92,000 UNIQUE USERS FROM OUR SERVICE AREA AND BEYOND.

IN SEPTEMBER 2013, IN ACCORDANCE WITH THE REQUIREMENTS SET FORTH IN THE AFFORDABLE CARE ACT, MILFORD HOSPITAL LED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE PURPOSE OF THE CHNA WAS TO GATHER INFORMATION ABOUT LOCAL HEALTH NEEDS AND BEHAVIORS IN AN EFFORT TO ENSURE THAT MILFORD HOSPITAL PROGRAMS, SERVICES AND OFFERINGS ARE IN ALIGNMENT WITH COMMUNITY NEEDS. THE FINDINGS OF THE CHNA WERE EVALUATED AND PRIORITIZED BY A TEAM OF COMMUNITY PARTNERS AND LEADERS. DURING THE EARLY MONTHS OF FY 2014, AN IMPLEMENTATION STRATEGY WAS DEVELOPED AND ADOPTED TO GUIDE THE COMMUNITY BENEFIT INITIATIVES OF THE INSTITUTION.

WHILE THE CHNA PROVIDES AN OVERVIEW AND PERSPECTIVE OF OUR LOCAL COMMUNITY, A NUMBER OF OVERLAPPING HEALTH ISSUES WERE MADE CLEAR INCLUDING: A BROAD RANGE OF CHRONIC HEALTH CONDITIONS, THE RAPIDLY AGING POPULATION, MATERNAL AND CHILD HEALTH AND ACCESS TO CARE.

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AMONG OUR GOALS RELATIVE TO COMMUNITY BENEFITS IN FY 2015 WAS TO ADDRESS THE COMMON RISK FACTORS ASSOCIATED WITH AGING AS WELL AS CHRONIC AND INFECTIOUS DISEASES. IN DOING SO, THE HOSPITAL ESTABLISHED AN OBJECTIVE OF CONTINUING AND EXPANDING IT'S OFFERING OF COMMUNITY HEALTH AND WELLNESS PROGRAMS BOTH AT MILFORD HOSPITAL AND IN THE COMMUNITY.

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

- HEART HEALTH
- UNDERSTANDING DIABETES
- DIABETES MANAGEMENT
- THYROID HEALTH
- COLORECTAL CANCER PREVENTION AND TREATMENT
- END THE WEIGHT - NON-SURGICAL AND SURGICAL TECHNIQUES IN WEIGHT-LOSS.
- UNDERSTANDING AND TREATING GASTROINTESTINAL DISTURBANCES
- ORTHOPEDIC CONDITIONS
- SLEEP DISTURBANCES
- WHAT EVERY GIRL WANTS TO KNOW
- WOUND CARE BASICS - UNDERSTANDING AND TREATING CHRONIC / NON-HEALING WOUNDS
- STRESS REDUCTION SERIES (3 SESSION SERIES)
- HOMEOPATHIC FIRST AID
- PODIATRIC HEALTH

ALSO AS PART OF ITS' OBJECTIVE TO INCREASE AWARENESS AND UNDERSTANDING

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OF HEALTHY LIFESTYLES, RISK FACTORS AND DISEASE PREVENTION, THE HOSPITAL CONTINUED TO CONDUCT FREE AND LOW COST HEALTH SCREENINGS. OFFERED ON A QUARTERLY BASIS, SCREENINGS ARE HELD BOTH IN THE HOSPITAL AND IN THE COMMUNITY. IN FY 2015, HEALTH SCREENINGS AND DISEASE PREVENTION INITIATIVES INCLUDED:

- BLOOD PRESSURE SCREENING
- BLOOD SUGAR (DIABETES) SCREENING
- CHOLESTEROL (TOTAL AND HDL) TESTING
- PROSTATE CANCER SCREENING
- INFLUENZA IMMUNIZATIONS
- ARTHRITIC CONDITIONS OF THE KNEE SCREENING
- FOOT HEALTH SCREENINGS
- ALPHA 1 SCREENING

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

- MILFORD SENIOR CENTER
- CITY OF MILFORD
- MILFORD POLICE DEPARTMENT
- ALINABAL, INC.
- BIC CORPORATION, MAIN BUILDING
- BIC CORPORATION, BUILDING 5
- THE EDGE - FITNESS CENTER
- REGIONAL WATER AUTHORITY

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- DRILL MASTERS

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

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

THE FAMILY CHILDBIRTH CENTER AT MILFORD HOSPITAL AND THEIR STAFF OF WOMEN'S HEALTH EDUCATORS OFFERED ONGOING CHILDBIRTH AND PARENTING EDUCATION CLASSES TO WOMEN OF CHILDBEARING AGE THROUGH MAY, 2015 WHICH INCLUDED:

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

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

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OVERHEAD EXPENSES, CLERICAL SUPPORT AND MORE.

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

- THE HOSPITAL PROVIDES LITERACY PROGRAMS: BOOKS FOR BABIES AND BIRTHDAY BOOKS FOR BABIES PROGRAM IN COORDINATION WITH THE LITERACY CENTER OF MILFORD; PROVIDES PREGNANCY EDUCATION THROUGH ANNUAL "BABY FAIR" AND PARTICIPATES IN FUNDRAISERS, COMMUNITY EDUCATION PROGRAMS, AND ANNUAL FAIR FOR KIDS COUNT 12345.

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

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

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

- MILFORD HOSPITAL HOSTS AN ANNUAL 5K "LIVE WELL" COMMUNITY EVENT. THIS EVENT OFFSETS THE COST ASSOCIATED WITH COMMUNITY PROGRAMMING AND

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HEALTH SCREENINGS OFFERED BY MILFORD HOSPITAL.

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

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

- MILFORD HOSPITAL ALSO PROVIDES A LINGUISTIC SERVICE FOR NON-ENGLISH-SPEAKING PATIENTS. IF A LANGUAGE INTERPRETER MUST BE CALLED VIA A SPECIAL PHONE, THE COST OF THE CALL IS ASSUMED BY THE HOSPITAL.

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

- THE PHARMACY DEPARTMENT COMMUNICATES WITH AND MAKES AVAILABLE TIME TO MEET WITH RESIDENTS TO REVIEW THEIR PRESCRIPTIONS AND MEDICATIONS. THIS IS TYPICALLY DONE IN COORDINATION WITH NATIONAL PHARMACY WEEK.

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

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

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

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

- THE SOCIAL SERVICES DEPARTMENT OFFERS ASSISTANCE TO PATIENTS AND THEIR FAMILIES WITH COMPLETION OF TITLE-19 APPLICATIONS, CONSERVATOR APPLICATIONS, COMPLETION OF ADVANCED DIRECTIVES AND REFERRALS TO OTHER SOCIAL SERVICE AGENCIES.

- CAB VOUCHERS ARE PROVIDED TO PATIENTS AND FAMILIES THROUGH THE SOCIAL SERVICE DEPARTMENT WHEN OTHER FORMS OF TRANSPORTATION ARE NOT AVAILABLE. THE HOSPITAL HAS ALSO COVERED THE COST OF AMBULANCE TRANSPORTATION FOR UNINSURED TITLE-19 PATIENTS GOING TO DMHAS FACILITIES.

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

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TRANSPORTATION ETC.

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

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

- ALZHEIMERS ASSOCIATION OF CONNECTICUT
- AMERICAN CANCER SOCIETY
- AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES
- AMERICAN HEART ASSOCIATION
- AMERICAN LUNG ASSOCIATION
- AMERICAN RED CROSS
- BRIDGES - A COMMUNITY SUPPORT AGENCY
- CITY OF MILFORD HEALTH AND WELLNESS COUNCIL
- CONNECTICUT ASSOCIATION OF RESPIRATORY CARE
- CONNECTICUT COLLEGE OF HEALTH CARE EXECUTIVES
- CONNECTICUT HOSPITAL ASSOCIATION
- CONNECTICUT LEAGUE FOR NURSING
- CONNECTICUT ORGANIZATION FOR NURSE EXECUTIVES
- CONNECTICUT TUBERCULOSIS ADVISORY COMMITTEE
- CONNECTICUT YANKEE COUNCIL - BOY SCOUTS OF AMERICA
- HEALTHCARE HUMAN RESOURCES ASSOCIATION
- KIDS COUNT 12345
- MILFORD CHAMBER OF COMMERCE

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Employer identification number: 06-0646741

- MILFORD MAYORS YOUTH FORUM
- MILFORD - ORANGE YMCA
- MILFORD PREVENTION COUNCIL
- NEW HAVEN TUBERCULOSIS COALITION
- PARTNERSHIP FOR GREATER NEW HAVEN
- RAPE CRISIS CENTER
- SOCIAL SERVICES NETWORK OF MILFORD
- STATE REGIONAL PSYCHIATRIC COMMITTEE
- UNITED WAY OF MILFORD
- YOUNG PARENT PROGRAM

THE ACTIVITIES AS OUTLINED ABOVE ARE REFLECTIVE OF THE STRONG COMMITMENT BY MILFORD HOSPITAL AND ITS STAFF TO THE WELL-BEING OF THE COMMUNITIES WE SERVE. THE FUTURE OF HOSPITAL HEALTH CARE DEPENDS AS MUCH ON THE SUCCESSFUL PREVENTION OF ILLNESS AS DOES THE TREATMENT.

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

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS JOSEPH PELACCIA, SAMUEL BERGAMI, JR., LOUIS D'AMATO, JAMES BEARD, LEO CARROLL, AND CAROL MCINNIS ARE ALSO BOARD MEMBERS OF THE MILFORD BANK.

FORM 990, PART VI, SECTION B, LINE 11:

IN ADDITION TO A REVIEW OF FORM 990 BY MANAGEMENT OF THE MILFORD HOSPITAL,

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

THE RETURN IS REVIEWED BY THE CFO / VICE PRESIDENT OF FINANCE ON BEHALF OF THE BOARD OF DIRECTORS. THE RETURN IS THEN MADE AVAILABLE VIA OFFICE OUTLOOK WEB ACCESS TO EACH BOARD MEMBER BEFORE IT'S FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE SENT TO OFFICERS, DIRECTORS, AND KEY EMPLOYEES ANNUALLY. THE COMPLETED STATEMENTS ARE REVIEWED BY THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD OF DIRECTORS APPROVES COMPENSATION OF OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE KEPT IN THE PRESIDENT'S OFFICE AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PASSTHROUGH LOSS FROM CT HOSPITAL LAB NETWORK, LLC	94.
TRANSFER TO AFFILIATES	-2,487,585.
CHANGE IN EQUITY INTEREST IN MILFORD HOSPITAL FOUNDATION	-13,799.
CHANGE IN PENSION FUND OBLIGATION	-13,236,780.
TOTAL TO FORM 990, PART XI, LINE 9	-15,738,070.

FORM 990, PART XII, LINE 2C:

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
SEABRIDGE CORPORATION - 22-2626962 300 SEASIDE AVE. MILFORD, CT 06460	OTHER MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A		X
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		X
TORRY CORPORATION - 01-0724230 300 SEASIDE AVE. MILFORD, CT 06460	RENTAL REAL ESTATE	CT	N/A	C CORP	N/A	N/A	N/A		X
SEASIDE INDEMNITY ALLIANCE, LTD 300 SEASIDE AVE. MILFORD, CT 06460	LIABILITY INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

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

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

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

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

Part VII **Supplemental Information**

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

- 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.	Employer identification number (EIN) or
	THE MILFORD HOSPITAL, INC.	06-0646741
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	300 SEASIDE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MILFORD, CT 06460	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ▶ JOSEPH PELACCIA 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, 2016.

5 For calendar year _____, or other tax year beginning OCT 1, 2014, and ending SEP 30, 2015.

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ Title ▶ CFO/VP OF FINANCE Date ▶

The Milford Hospital, Incorporated

Financial Statements

September 30, 2015 and 2014

BAKER TILLY

Candor. Insight. Results.

The Milford Hospital, Incorporated

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September 30, 2015 and 2014

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Baker Tilly Virchow Krause, LLP
One Penn Plaza, Suite 3000
New York, NY 10119
tel 212 697 6900
fax 212 490 1412
bakertilly.com

Independent Auditors' Report

Board of Directors
The Milford Hospital, Incorporated

We have audited the accompanying financial statements of The Milford Hospital, Incorporated (the "Hospital"), which comprise the balance sheet as of September 30, 2015 and 2014, and the related statements of operations and changes in net assets (deficit) and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Milford Hospital, Incorporated, at September 30, 2015 and 2014, and the results of its operations and changes in net assets (deficit) and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Baker Tilly Virchow Krause, LLP

New York, New York
February 29, 2016

The Milford Hospital, Incorporated

Balance Sheet
September 30, 2015 and 2014

	2015	2014
Assets		
Current Assets		
Cash and cash equivalents	$ 1,171,348	$ 6,892,694
Short-term investments	3,536,565	110,778
Patient accounts receivable (net of estimated allowance for doubtful accounts of $3,009,000 in 2015 and $3,557,000 in 2014, respectively)	8,480,597	8,850,797
Inventories	775,631	772,809
Prepaid expenses and other current assets	774,760	872,178
Insured claims receivable	568,833	672,298
Total current assets	15,307,734	18,171,554
Investments	457,556	1,815,473
Assets Whose Use is Limited	1,665,769	1,658,681
Property, Plant, and Equipment		
Land and land improvements	1,437,941	1,437,941
Building and building improvements	15,581,482	15,580,795
Equipment	36,060,889	34,694,933
	53,080,312	51,713,669
Less accumulated depreciation	(32,778,530)	(30,714,786)
	20,301,782	20,998,883
Beneficial Interest in Milford Hospital Foundation, Inc.	946,440	960,239
Due from Affiliates	1,349,267	541,820
Insured Claims Receivable, Net	2,477,595	2,795,413
Total assets	$ 42,506,143	$ 46,942,063

	2015	2014
Liabilities and Net Assets (Deficit)		
Current Liabilities		
Accounts payable	$ 6,717,519	$ 7,032,887
Accrued salaries, wages and vacation	5,785,222	6,690,575
Estimated third-party payor settlements	920,996	1,386,145
Due to affiliates	230,880	122,749
Insured claims liabilities	568,833	672,298
Other current liabilities	1,896,404	1,881,969
Total current liabilities	16,119,854	17,786,623
Note Payable	8,000,000	6,000,000
Insured Claims Liabilities, Net of Current Portion	2,477,595	2,795,413
Accrued Pension and Other Liabilities	37,275,828	21,382,236
Total liabilities	63,873,277	47,964,272
Net Assets (Deficit)		
Unrestricted	(22,867,574)	(2,536,448)
Temporarily restricted	826,677	840,476
Permanently restricted	673,763	673,763
Total net deficit	(21,367,134)	(1,022,209)
Total liabilities and net assets deficit	$ 42,506,143	$ 46,942,063

See notes to financial statements

The Milford Hospital, Incorporated

Statement of Operations and Changes in Net Assets (Deficit)
Years Ended September 30, 2015 and 2014

	2015	2014
Operating Revenues		
Patient service revenue	$ 63,929,340	$ 69,109,103
Provision for bad debts	(3,556,700)	(5,608,309)
Net patient service revenue (less provision for bad debts)	60,372,640	63,500,794
Inpatient Rehabilitation Unit income, net	2,898,446	-
Other revenues	669,361	1,352,459
Total operating revenues	63,940,447	64,853,253
Operating Expenses		
Salaries and wages	32,255,430	35,687,359
Employee benefits	10,121,904	9,339,375
Supplies and other	23,741,342	24,335,355
Depreciation	2,462,228	2,687,549
Interest	85,184	26,961
Total operating expenses	68,666,088	72,076,599
Operating loss	(4,725,641)	(7,223,346)
Investment Income	319,767	362,189
Change in Unrealized Gains and Losses on Investments	(207,863)	(342,578)
Expenses in excess of revenues	$ (4,613,737)	$ (7,203,735)

See notes to financial statements

The Milford Hospital, Incorporated

Statement of Operations and Changes in Net Assets (Deficit)
Years Ended September 30, 2015 and 2014

	2015	2014
Unrestricted Net Deficit (continued)		
Expenses in excess of revenues (from previous page)	$ (4,613,737)	$ (7,203,735)
Net assets released from restrictions for capital	6,976	17,634
Transfers to affiliates	(2,487,585)	(852,185)
Pension liability adjustment	(13,236,780)	(1,655,986)
Change in unrestricted net assets deficit	(20,331,126)	(9,694,272)
Temporarily Restricted Net Assets		
Investment income	6,976	17,634
Net assets released from restrictions for capital	(6,976)	(17,634)
Change in beneficial interest in Milford Hospital Foundation, Inc.	(13,799)	65,966
(Decrease) increase in temporarily restricted net assets	(13,799)	65,966
Change in net assets (deficit)	(20,344,925)	(9,628,306)
Net Assets (Deficit), Beginning	(1,022,209)	8,606,097
Net Deficit, Ending	$ (21,367,134)	$ (1,022,209)

See notes to financial statements

The Milford Hospital, Incorporated

Statement of Cash Flows
Years Ended September 30, 2015 and 2014

	2015	2014
Cash Flows from Operating Activities		
Change in net assets (deficit)	$ (20,344,925)	$ (9,628,306)
Adjustments to reconcile change in net assets (deficit) net cash used in operating activities:		
Depreciation	2,462,228	2,687,549
Provision for bad debts	3,556,700	5,608,309
Change in realized gains and unrealized gains and losses on investments	207,861	(3,308)
Pension liability adjustment	13,236,780	1,655,986
Transfers to affiliates	2,487,585	852,185
Change in beneficial interest in Milford Hospital Foundation, Inc.	13,799	(65,966)
Changes in assets and liabilities:		
Accounts receivable	(3,186,500)	(4,841,071)
Inventories	(2,822)	115,051
Prepaid expenses and other current assets	97,418	855,574
Due from affiliates	(807,447)	(193,656)
Accounts payable	(315,368)	1,714,134
Accrued salaries, wages and vacation	(905,353)	(179,674)
Other liabilities	2,671,247	(199,472)
Estimated third-party payor settlements	(465,149)	534,544
Due to affiliates	108,131	102,044
Net cash used in operating activities	(1,185,815)	(986,077)
Cash Flows from Investing Activities		
Net purchases of property and equipment	(1,765,127)	(1,525,962)
(Increase) decrease in investments and assets whose use is limited	(2,282,819)	2,591,902
Net cash (used in) provided by investing activities	(4,047,946)	1,065,940
Cash Flows from Financing Activities		
Proceeds from issuance of note payable	2,000,000	6,000,000
Transfers to affiliates	(2,487,585)	(852,185)
Net cash (used in) provided by financing activities	(487,585)	5,147,815
Net (decrease) increase in cash and cash equivalents	(5,721,346)	5,227,678
Cash and Cash Equivalents, Beginning	6,892,694	1,665,016
Cash and Cash Equivalents, Ending	$ 1,171,348	$ 6,892,694
Supplementary Disclosure of Cash Flow Information		
Interest paid	$ 85,184	$ 26,961

See notes to financial statements

1. Organization and Significant Accounting Policies

Organization

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

Financial Transaction and Liquidity

For the years ended September 30, 2015 and 2014, the Hospital had operating losses of approximately $4.7 and $7.2 million, respectively. The Hospital's continued existence is dependent upon future operations in which cash revenue exceeds expenses to provide for the maintenance of adequate working capital. Management's plans for dealing with the historical and ongoing effects of recently declining operations results are focused on cost reduction, revenue enhancement, and shared or interested services with other health care providers.

In September 2014, the Parent entered into an agreement with another health care provider in which the provider utilizes beds at the Hospital under a lease arrangement and the provider furnished an $8.0 million term loan to the Hospital in order to provide it with liquidity. The Parent obtained a waiver of its Days Cash on Hand covenant through October 1, 2016. See Note 5.

Estimates and Assumptions

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

Regulatory Matters

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

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 cash and cash equivalents. Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits and, therefore, bear a risk of loss.

Inventories

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

Fair Value of Financial Instruments

The carrying value of financial instruments in the accompanying balance sheet as of September 30, 2015 and 2014 approximates fair value based on current market conditions. The fair value of each financial instrument is disclosed in the respective notes and in Note 4.

Investments

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

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

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

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

The alternative investments include certain liquidity restrictions that may require 90 days advance notice for redemptions, and there are remaining commitments to the alternative investment funds of $97,500 as of September 30, 2015.

Assets Whose Use is Limited

Assets whose use is limited primarily consist of interest-bearing deposits in banks which have been set aside by the Board and restricted by donors for future capital improvements or purchases of equipment and designated as collateral for a construction loan with a related party. The Board retains control of funds it has set aside and may, at its discretion, subsequently use these funds for other purposes.

Patient Accounts Receivable

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

The Hospital's primary concentration of credit risk is patient accounts receivable, which consists of amounts owed by various governmental agencies, insurance companies, and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts, and by providing appropriate allowances for doubtful amounts. Significant concentrations of gross patient accounts receivable, before allowances for doubtful accounts, include 40% and 43% for Medicare, and 7% and 8% for Medicaid, for the years ended September 30, 2015 and 2014, respectively.

Property, Plant, and Equipment

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

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

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If long-lived assets are deemed to be impaired, the impairment loss to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value. As a result of declining operating results, the Hospital performed an evaluation of long-lived assets. The Hospital determined that the long-lived assets are not impaired at September 30, 2015 or 2014.

During January 2014, the Hospital received approval for grant funding in the amount of $2.0 million from the State of Connecticut Department of Public Health to purchase medical and computer equipment to meet the clinical needs of its patients. As of September 30, 2015, the Hospital has received approximately $1,854,000 for funds used to purchase equipment.

Restricted Net Assets

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

Donor-Restricted Gifts

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

Expenses in Excess of Revenues

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

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 50l(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 $6,045,000. A deferred tax asset for these losses of approximately $2,418,000 is offset by a corresponding valuation allowance of the same amount. Operating loss carryforwards will begin to expire in four years.

Subsequent Events

The Hospital evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition or disclosure in the financial statements as of the balance sheet date. For the year ended September 30, 2015, the Hospital evaluated subsequent events through February 29, 2016, which is the date the financial statements were issued.

Reclassifications

Certain reclassifications have been made to the 2014 balances previously reported to conform to the current year presentation.

2. Revenues From Services to Patients and Charity Care

The following table summarizes net revenues from services to patients:

	2015	2014
Gross revenues from services to patients	$ 201,245,838	$ 197,304,279
Deductions:		
Allowances	137,071,144	127,615,381
Charity care	245,354	579,795
	137,316,498	128,195,176
Patient service revenue (net of contractual allowances and discounts)	63,929,340	69,109,103
Provision for bad debts	(3,556,700)	(5,608,309)
Net patient service revenue (less provision for bad debts)	$ 60,372,640	$ 63,500,794

Patient revenues from services to patients for the years ended September 30, 2015 and 2014, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources based on primary insurance designation, are as follows:

	2015	2014
Third-party payors	$ 60,991,005	$ 64,327,599
Self-pay	2,938,335	4,781,504
Total all payors	$ 63,929,340	$ 69,109,103

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

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

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

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

The Hospital allowance for doubtful accounts totaled approximately $3,009,000 and $3,557,000 at September 30, 2015 and 2014, respectively. The allowance for doubtful accounts for self-pay patients was approximately 76.9% and 71.5% of self-pay accounts receivable as of September 30, 2015 and 2014, respectively. Overall, the total of self-pay discounts and write-offs has not changed significantly for the year ended September 30, 2015. The Hospital has not experienced significant changes in write-off trends.

During fiscal years 2015 and 2014, the Hospital's net patient service revenues from services to patients were 43% from Medicare, 9% from Medicaid, and 13% and 15% from Blue Cross (governmental payors include managed Medicare and Medicaid business), respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term. The Hospital believes that it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital.

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

Net revenues from services to patients is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined. Revenue under third-party payor agreements is subject to audit and retroactive adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Retroactive adjustments related to settlements with third-party payors increased net patient service revenue by approximately $216,000 in 2015 and decreased net patient service revenue by approximately $50,000 in 2014.

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

The estimated cost of charity care provided was $88,777 and $96,232 for the years ended September 30, 2015 and 2014, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data.

3. Investments

Investments are comprised of the following at September 30:

	2015	2014
Cash and cash equivalents	$ 3,841,085	$ 1,585,188
Fixed income mutual funds	4,838	-
Alternative investments	148,198	341,063
	3,994,121	1,926,251
Less short-term investments	3,536,565	110,778
	$ 457,556	$ 1,815,473

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

	2015	2014
Cash and cash equivalents	$ 1,010,213	$ 1,065,900
Certificates of deposit	29,283	29,171
Fixed income mutual funds	-	298,381
Government bonds	366,670	265,229
Corporate bonds	259,603	-
	$ 1,665,769	$ 1,658,681

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

	2015	2014
Collateral for a construction loan with a related party	$ 992,006	$ 984,918
Permanently restricted	673,763	673,763
	$ 1,665,769	$ 1,658,681

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

	2015	2014
Interest income	$ 22,160	$ 4,552
Dividend income	332,744	305,323
Realized gains	2,853	349,542
Other	(37,990)	(297,228)
	319,767	362,189
Change in unrealized gains and losses on investments	(207,863)	(342,578)
Total return on investments	$ 111,904	$ 19,611

4. Fair Value of Financial Instruments

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

Level I: 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.

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

	2015			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 4,851,298	$ -	$ -	$ 4,851,298
Certificates of deposit	29,283	-	-	29,283
Fixed income mutual funds	4,838	-	-	4,838
Government bonds	-	366,670	-	366,670
Corporate bonds	-	259,603	-	259,603
Alternative investments	-	-	148,198	148,198
Total	$ 4,885,419	$ 626,273	$ 148,198	$ 5,659,890

	2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 2,651,088	$ -	$ -	$ 2,651,088
Certificates of deposit	29,171	-	-	29,171
Fixed income mutual funds	298,381	-	-	298,381
Government bonds	-	265,229	-	265,229
Alternative investments	-	-	341,063	341,063
Total	$ 2,978,640	$ 265,229	$ 341,063	$ 3,584,932

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.

5. Note Payable

On September 2, 2014, the Hospital entered into a Master Agreement with another health care provider to provide a framework for implementing programs in a manner that is consistent with the charitable mission of each organization and the communities it serves. Under the terms of the agreement the health care provider will utilize beds at the Hospital under a lease arrangement to provide inpatient rehabilitation services to its patients and will furnish an $8,000,000 term loan to the Hospital. The Hospital had an outstanding balance on the loan of $8,000,000 at September 30, 2015 and $6,000,000 at September 30, 2014. The term loan bears interest of 6.5%, which is a deduction of the amount due under the Inpatient Rehabilitation Unit (“IRU”) Lease. The principal balance of the term loan is payable to the lender in two equal annual installments on September 30, 2018 and 2019.

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

In addition to the Master Agreement, the Hospital entered into an IRU Lease Agreement and an IRU Services Agreement. The details of those agreements are as follows:

- IRU Lease Agreement: The term of the IRU Lease Agreement is five years during which time the Hospital will lease certain beds to the health care provider to be used to provide inpatient rehabilitation services to patients of the health care provider. The lease provides the tenant with two five-year renewal options at the end of each term. Monthly payments (base rent and overhead allocation) to the Hospital range from $192,000 to $280,000 throughout the initial five-year term.

- IRU Services Agreement: The term of the IRU Services Agreement is five years during which time the health care provider will purchase certain clinical services related to those rehabilitation patients at the Hospital from the Hospital and certain affiliated physicians. The service agreement provides the Hospital with two five-year renewal options at the end of each term. Monthly payments to the Hospital include a fixed monthly fee of approximately $149,000 and a per-patient-per-day fee of $238. The monthly fee will increase by 2.75% per year.

The Master Agreement requires the Hospital to comply with certain financial covenants regarding levels of cash available for operations. If the Hospital fails to meet such covenants they are required to provide the health care provider with an action plan related to maintaining certain levels of cash available for operations. If the Hospital falls below 20 days cash on hand the health care provider may terminate the agreements, in which case the term loan will be due immediately. The Hospital obtained a waiver of this covenant through October 1, 2016.

6. Pension Plan

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

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

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

Net unrecognized actuarial losses at the reporting date will be subsequently recognized in the future as net periodic pension credit 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 credit in the same periods will be recognized as a component of unrestricted net assets.

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

	2015	2014
Unrecognized actuarial loss	$ (30,299,068)	$ (17,062,288)

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

	2015	2014
Changes in benefit obligation:		
Projected benefit obligation, beginning of year	$ 81,645,368	$ 81,706,599
Service cost	552,032	535,754
Interest cost	3,705,453	3,748,965
Benefits paid	(6,578,690)	(5,959,465)
Expenses paid	(636,897)	(552,032)
Actuarial losses	6,452,288	2,165,547
Projected benefit obligation, end of year	$ 85,139,554	$ 81,645,368
Changes in Plan assets:		
Fair value of Plan assets, beginning of year	$ 64,415,767	$ 65,869,815
Contributions	-	-
Actual return on Plan assets	(2,516,232)	5,057,449
Benefits paid	(6,578,690)	(5,959,465)
Expenses paid	(636,897)	(552,032)
Fair value of Plan assets, end of year	$ 54,683,948	$ 64,415,767
Funded status of the Plan	$ (30,455,606)	$ (17,229,601)
Components of net periodic pension credit:		
Service cost	$ 552,032	$ 535,754
Interest cost	3,705,452	3,748,965
Expected return on plan assets	(4,704,119)	(4,818,777)
Net amortization and deferral of actuarial loss	435,860	270,889
Net periodic pension credit	$ (10,775)	$ (263,169)

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

	2015	2014
Discount rate used for net periodic pension credit	4.45 %	4.65 %
Discount rate used for projected benefit obligation	4.15	4.45
Expected long-term rate of return on plan assets	7.50	7.50
Rate of compensation increase	N/A	N/A

The accumulated benefit obligation at September 30, 2015 and 2014 was $85,139,554 and $81,645,368, respectively.

The actuarial losses in 2015 and 2014 are primarily attributed to an increase in the discount rate and change in the mortality table.

Plan Assets

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

The Hospital's pension plan weighted-average allocations at September 30, 2015 and 2014, by asset category, are as follows:

	2015	2014
Cash and cash equivalents	4.1 %	2.6 %
Government bonds	12.5	10.4
Corporate bonds	7.4	6.5
Equities	58.4	62.7
Alternative investments	17.6	17.8
Total	100.0 %	100.0 %

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

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

	2015			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 2,221,137	$ -	$ -	$ 2,221,137
Fixed income:				
Government bonds	-	6,808,588	-	6,808,588
Corporate bonds	-	4,019,003	-	4,019,003
Equities:				
International	10,151,161	-	-	10,151,161
Mid cap	2,611,160	-	-	2,611,160
Large cap	19,382,959	-	-	19,382,959
Alternative investments	-	-	9,489,940	9,489,940
Total	$ 34,366,417	$ 10,827,591	$ 9,489,940	$ 54,683,948

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

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

	2015	**2014**
Beginning balance for the year	$ 11,473,515	$ 3,585,006
Purchases	50,000	7,000,000
Sales	(1,257,039)	(172,000)
Net change in unrealized appreciation	(776,536)	1,060,509
Ending balance for the year	$ 9,489,940	$ 11,473,515

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

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

Contributions

The Hospital expects to contribute $535,464 to the Plan in 2016.

Estimated Future Benefit Payments

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

Fiscal years:	
2016	$ 3,624,646
2017	3,818,547
2018	4,102,026
2019	4,390,263
2020	4,684,716
2021-2025	25,170,005
2026-2030	26,882,796
Total	$ 72,672,999

7. Transactions with Affiliates

Net amounts expected to be collected from (paid to) affiliated entities are as follows:

	2015	2014
Milford Medical Lab, Inc.	$ 203,235	$ 259,264
Milford Health and Medical, Inc.	671,738	62,308
Home Care Plus, Inc.	36,115	45,630
Milford Hospital Foundation, Inc.	(4,694)	16,893
Seabridge, Inc.	-	65,344
Torry Corporation	(114,597)	(31,818)
Milford Health Care Services, Inc.	1,450	1,450
Seaside Indemnity Alliance Company	325,140	-
Total	$ 1,118,387	$ 419,071

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. $455,242 and $533,472 in 2015 and 2014, respectively, for those services. Amounts due from other affiliated entities are the result of allocating joint general and administrative costs incurred by the Hospital. The amounts allocated to affiliates during the years ended September 30, 2015 and 2014, were $1,347,723 and $1,112,697, respectively.

8. Medical Malpractice Insurance

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

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

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

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

Management accrues its best estimate of losses as they occur. Accordingly, management has recorded a liability of approximately $558,000 and $690,000 at September 30, 2015 and 2014, respectively, for claims incurred but not reported which is included in accrued pension and other liabilities on the accompanying balance sheets. This liability has been discounted using a 3% discount rate at September 30, 2015 and 2014.

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, 2015, that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients in the past. In management's opinion, the outcome of these matters will not have a material effect on the Hospital's financial statements.

9. Commitments and Contingencies

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

10. Functional Expenses

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

	2015	2014
Healthcare services	$ 60,315,000	$ 60,903,000
General and administrative	8,351,000	11,174,000
	$ 68,666,000	$ 72,077,000

11. Other Operating Revenues

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

	2015	2014
Electronic health records incentive payments	$ 307,348	$ 852,995
Cafeteria	199,846	187,170
Pharmacy	129,226	183,449
Other	32,941	128,845
Total	$ 669,361	$ 1,352,459

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

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

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. EHR incentive payment revenue from Medicare and Medicaid for the years ended September 30, 2015 and 2014, was $307,348 and $852,995, respectively, and is included in other operating revenues. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Included in due to third-party reimbursement agencies is a retrospective reserve of $(5,168) and $218,706 for this purpose as of September 30, 2015 and 2014, respectively. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit.

Form **990-T**

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

For calendar year 2014 or other tax year beginning OCT 1, 2014 , and ending SEP 30, 2015

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2014

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

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

Print or Type

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

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

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

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
MILFORD, CT 06460

541610 621500

C Book value of all assets at end of year
42,633,067.

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 4,927,889. b Less returns and allowances 1,841,055. c Balance ▶	1c	3,086,834.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	3,086,834.		3,086,834.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	-94.	STMT 1	-94.
6	Rent income (Schedule C)	6	10,200.	9,178.	1,022.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule) STATEMENT 2	12	21,873.		21,873.
13	**Total.** Combine lines 3 through 12	13	3,118,813.	9,178.	3,109,635.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	1,649,614.
16	Repairs and maintenance			16	11,280.
17	Bad debts			17	560,056.
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	13,661.
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	4,447.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	4,447.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	533,536.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule) SEE STATEMENT 3			28	656,490.
29	**Total deductions.** Add lines 14 through 28			29	3,429,084.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-319,449.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-319,449.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-319,449.

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) $ (2) $ (3) $		
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 2013 overpayment credited to 2014	44a			
b	2014 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 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 2015 estimated tax** ▶ **Refunded** ▶			49	

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

		Yes	No
1	At any time during the 2014 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		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 ▶ $		

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

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

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 | ▶ CFO/VP OF FINANCE 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: 9/15/16	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. 860-760-0600

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

1. Description of property

(1) 66 FENWAY
(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)	SEE STATEMENT 6
(1)		10,200.	9,178.
(2)			
(3)			
(4)			
Total	0.	Total 10,200.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 10,200.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 9,178.

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)	3. (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)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

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

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

Nonexempt Controlled Organizations

	7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				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).
Totals ▶				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)				
Totals ▶	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)						
Totals ▶	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)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
Totals, Part II (lines 1-5) ▶	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)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Form **8868**
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868* .

OMB No. 1545-1709

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

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

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JOSEPH PELACCIA 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, 2016 , 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, 2014 , and ending SEP 30, 2015 .

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

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

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

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

DESCRIPTION	AMOUNT
INCOME FROM PARTNERSHIP	-94.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-94.

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
OTHER INCOME	21,873.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	21,873.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
BLOOD DRAWING FEES	45,405.
SUPPLIES	58,427.
MALPRACTICE INSURANCE	13,196.
HOUSEKEEPING	11,843.
PURCHASING	9,409.
BILLING	6,991.
PLANT OPERATION	32,152.
AUTO	30,652.
MISCELLANEOUS	448,415.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	656,490.

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

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

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TAXES		4,494.	
DEPRECIATION		730.	
WATER		2,059.	
OUTSIDE SERVICES		1,151.	
PLUMBING SUPPLIES		744.	
- SUBTOTAL -	1		9,178.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			9,178.

SCHEDULE O (Form 1120)
(Rev. December 2012)
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.
▶ Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

OMB No. 1545-0123

Name	Employer identification number
THE MILFORD HOSPITAL, INC.	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.

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 (c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) **Total** (add columns (c) through (f))
1	THE MILFORD HOSPITAL, INC.	06-0646741	15-09					0.
2	SEABRIDGE CORP & SUB	22-2626962	15-09					0.
3	TORRY CORPORATION	01-0724230	15-09					0.
4	MILFORD HEALTH & MEDICAL, INC.	22-2627346	15-09					0.
5								
6								
7								
8								
9								
10								
11								
12								
Total								

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

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

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

	(a) Group member's name	Other Apportionments (b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	THE MILFORD HOSPITAL, INC.		10,000.			
2	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						
Total			40,000.			

Department of Revenue Services
State of Connecticut
PO Box 5014
Hartford CT 06102-5014
(Rev. 12/14)

Form CT-990T
Connecticut Unrelated Business Income Tax Return

Complete this return in blue or black ink only.

2014

Enter Income Year Beginning ▶ OCTOBER 1 , 2014, and Ending ▶ SEPTEMBER 30, 2015

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

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

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

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

Type of organization: ▶ [X] 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 2014 federal Form 990-T, Part II, Line 34	1	-319,449	00
2. Federal net operating loss deduction from 2014 federal Form 990-T, Part II, Line 31	2		00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3		00
4. **Total:** Add Lines 1, 2, and 3	4	-319,449	00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5		00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	6	-319,449	00

Computation of Tax

1. Unrelated business taxable income from Line 6 above. **If 100% Connecticut, enter also on Line 3**	1	-319,449	00
2. Apportionment fraction from *Schedule A*, Line 5 on 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	-319,449	00
4. Operating loss carryover from *Schedule B*, Line 15 on page 2	4		00
5. Income subject to tax: Subtract Line 4 from Line 3	5	-319,449	00
6. **Tax:** Multiply Line 5 by 7.5% (.075)	6		00

Computation of Amount Payable

1. Tax: Include surtax if applicable. See instructions	1		00
2. *Reserved for future use*	2		
3. Total Tax: Enter the amount from Line 1	3		00
4. Tax credits from **Form CT-1120K**, Part III, Line 9. **Do not exceed amount on Line 1**	4		00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5	0	00
6a. Paid with application for extension from **Form CT-990T EXT**	6a		00
6b. Paid with estimates from **Forms CT-990T ESA, ESB, ESC, & ESD**	6b		00
6c. Overpayment from prior year	6c		00
6. **Tax Payments:** Enter the total of Lines 6a, 6b, and 6c	6		00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	7	0	00
8. Add Penalty ▶ (8a) _____ Interest ▶ (8b) _____ **CT-1120I** Interest ▶ (8c) _____	8		00
9. Amount to be credited to 2015 estimated tax ▶ (9a) Refunded ▶ (9b)	9		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 9g. Bank name ▶

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

Visit the DRS website at www.ct.gov/DRS **www.ct.gov/TSC** to pay electronically. 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	Name of officer or fiduciary (print)	Signature of officer or fiduciary	Date
	LAURA SMITH		
	Officer's email address (print)		May DRS contact the preparer shown below about this return? See instructions. [X] Yes ☐ No
Keep a copy of this return for your records.	Title: CFO/VP OF FINANCE	Telephone number: (203)876-4000	
	Paid preparer's signature	Date: 8/15/16	Preparer's SSN or PTIN: P00370668
	Firm's name and address: MARCUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	FEIN: 11-1986323	Telephone number: 860-760-0600

1019

441901 12-05-14

Schedule A - Unrelated Business Income Apportionment: See instructions.

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

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

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2014

1. 2000 Connecticut net operating loss available for use in 2014	1.		00
2. 2001 Connecticut net operating loss available for use in 2014	2.		00
3. 2002 Connecticut net operating loss available for use in 2014	3.		00
4. 2003 Connecticut net operating loss available for use in 2014	4.		00
5. 2004 Connecticut net operating loss available for use in 2014	5.		00
6. 2005 Connecticut net operating loss available for use in 2014	6.		00
7. 2006 Connecticut net operating loss available for use in 2014	7.		00
8. 2007 Connecticut net operating loss available for use in 2014	8.		00
9. 2008 Connecticut net operating loss available for use in 2014	9.		00
10. 2009 Connecticut net operating loss available for use in 2014	10.		00
11. 2010 Connecticut net operating loss available for use in 2014	11.		00
12. 2011 Connecticut net operating loss available for use in 2014	12.		00
13. 2012 Connecticut net operating loss available for use in 2014	13.		00
14. 2013 Connecticut net operating loss available for use in 2014	14.		00
15. **Total:** Add Lines 1 through 14. Enter here and on *Computation of Tax*, Line 4	15.		00

Schedule C - Computation of Net Operating Loss Carryforward

1. Enter amount from *Computation of Income*, Line 6, if less than zero	1.	-319,449	00
2. Add back specific deduction from 2014 federal Form 990-T, Part II, Line 33	2.	1,000	00
3. Subtotal: Add Line 1 and Line 2	3.	-318,449	00
4. Apportionment fraction from *Schedule A*, Line 5	4.	1.000000	
5. 2014 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	-318,449	00

Department of Revenue Services
State of Connecticut
PO Box 5014
Hartford CT 06102-5014
(Rev. 12/14)

Form CT-990T EXT

Application for Extension of Time to File
Unrelated Business Income Tax Return

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

2014

Enter Income Year Beginning ▶ OCT 1 , 2014, and Ending ▶ SEP 30, 2015

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

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

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

Check type of organization: [X] 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 2014, or until 08/15/16 for fiscal year ending 09/30/15 .

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2014, or fiscal year beginning OCTOBER 1 , 2014, and ending SEPT 30, 2015 . [X] 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 credits and payments: Add Lines 4a, 4b, and 4c			4.		00
5.	**Balance due with this return:** Subtract Line 4 from Line 3 ▶			5.	0	00

Make check payable to **Commissioner of Revenue Services.** Write the organization's Connecticut Tax Registration Number and "2014 Form CT-990T EXT" on the check and attach it to the return.

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

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

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

Name of officer or fiduciary *(print)*	Signature of officer or fiduciary	Date
LAURA SMITH		

Officer's email address *(print)*

Title		Telephone number
CFO/VP OF FINANCE		(203)876-4000
Paid preparer's signature Patricia Tas	Date 1/28/16	Preparer's SSN or PTIN P01325330
Firm's name MARCUM LLP CITY PLACE II 185 ASYLUM STREET	FEIN 11-1986323	Telephone number 860-760-0600

Firm address HARTFORD, CT 06103

1019 441911 12-05-14

Form **990-T**

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

For calendar year 2014 or other tax year beginning OCT 1, 2014 , and ending SEP 30, 2015

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2014

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

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

Print or Type

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

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

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

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
MILFORD, CT 06460

541610 621500

C Book value of all assets at end of year
42,633,067.

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 4,927,889. b Less returns and allowances 1,841,055. c Balance ▶	1c	3,086,834.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	3,086,834.		3,086,834.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	-94.	STMT 1	-94.
6	Rent income (Schedule C)	6	10,200.	9,178.	1,022.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule) STATEMENT 2	12	21,873.		21,873.
13	**Total.** Combine lines 3 through 12	13	3,118,813.	9,178.	3,109,635.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	1,649,614.
16	Repairs and maintenance			16	11,280.
17	Bad debts			17	560,056.
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	13,661.
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	4,447.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	4,447.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	533,536.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule) SEE STATEMENT 3			28	656,490.
29	**Total deductions.** Add lines 14 through 28			29	3,429,084.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-319,449.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-319,449.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-319,449.

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) $ (2) $ (3) $		
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 2013 overpayment credited to 2014	44a			
b	2014 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 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 2015 estimated tax** ▶ **Refunded** ▶			49	

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

		Yes	No
1	At any time during the 2014 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		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 ▶ $		

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

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

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 | CFO/VP OF FINANCE 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	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DOUGLAS FARRINGTON		4/15/16		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. 860-760-0600

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

1. Description of property

(1) 66 FENWAY
(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)	SEE STATEMENT 6
(1)		10,200.	9,178.
(2)			
(3)			
(4)			
Total	0.	10,200.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 10,200.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 9,178.

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)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

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

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

Nonexempt Controlled Organizations

	7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				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).
Totals ▶				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-aside (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	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)						
Totals ▶	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)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
Totals, Part II (lines 1-5) ▶	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)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Form **8868**
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868* .

OMB No. 1545-1709

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

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

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JOSEPH PELACCIA 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, 2016, 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, 2014, and ending SEP 30, 2015.

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

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

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

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

DESCRIPTION	AMOUNT
INCOME FROM PARTNERSHIP	-94.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-94.

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
OTHER INCOME	21,873.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	21,873.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
BLOOD DRAWING FEES	45,405.
SUPPLIES	58,427.
MALPRACTICE INSURANCE	13,196.
HOUSEKEEPING	11,843.
PURCHASING	9,409.
BILLING	6,991.
PLANT OPERATION	32,152.
AUTO	30,652.
MISCELLANEOUS	448,415.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	656,490.

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

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

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TAXES		4,494.	
DEPRECIATION		730.	
WATER		2,059.	
OUTSIDE SERVICES		1,151.	
PLUMBING SUPPLIES		744.	
- SUBTOTAL -	1		9,178.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			9,178.