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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 10-01-2007 and ending 09-30-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MILTON HOSPITAL INC

Number and street (or P O box if mail is not delivered to street address) | Room/suite
199 Reedsdale Road

City or town, state or country, and ZIP + 4
Milton, MA 02186

D Employer identification number
04-2103604

E Telephone number
(617) 696-4600

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ▶ www miltonhospital org

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 80,877,333

H *and* **I** *are not applicable to section 527 organizations*

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a	1,532,153		
	b	Direct public support (not included on line 1a)	1b	4,335		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	500,000		
	e	**Total** (add lines 1a through 1d) (cash $ 2,036,488 noncash $ _____)			1e	2,036,488
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	58,016,203
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	749,705
	5	Dividends and interest from securities			5	82,425
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory	**(A)** Securities: 18,553,039	8a	**(B)** Other: 2,000	
	b	Less cost or other basis and sales expenses	18,092,737	8b	8,604	
	c	Gain or (loss) (attach schedule)	460,302	8c	-6,604	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	453,698
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	1,437,473
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	62,775,992
Expenses	13	Program services (from line 44, column (B))			13	53,795,612
	14	Management and general (from line 44, column (C))			14	9,009,518
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	1,685,601
	17	**Total expenses** Add lines 16 and 44, column (A)			17	64,490,731
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	-1,714,739
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	61,124,467
	20	Other changes in net assets or fund balances (attach explanation)			20	-10,633,008
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	48,776,720

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,871,525		1,871,525	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	26,031,563	23,684,281	2,347,282	
27	Pension plan contributions not included on lines 25a, b and c	27	1,026,032	870,901	155,131	
28	Employee benefits not included on lines 25a - 27	28	3,045,539	2,585,069	460,470	
29	Payroll taxes	29	2,016,022	1,711,210	304,812	
30	Professional fundraising fees	30				
31	Accounting fees	31	99,588		99,588	
32	Legal fees	32	113,572		113,572	
33	Supplies	33	9,063,301	8,778,775	284,526	
34	Telephone	34	190,416	161,626	28,790	
35	Postage and shipping	35	143,587		143,587	
36	Occupancy	36	1,856,983	1,576,217	280,766	
37	Equipment rental and maintenance	37	1,689,466	1,087,108	602,358	
38	Printing and publications	38	81,617	139	81,478	
39	Travel	39	4,703		4,703	
40	Conferences, conventions, and meetings . .	40	48,638	5,859	42,779	
41	Interest	41	1,252,718	1,063,313	189,405	
42	Depreciation, depletion, etc (attach schedule)	42	3,724,959	3,161,764	563,195	
43	Other expenses not covered above (itemize)					
a	physician fees	43a	1,885,844	1,885,844		
b	consultants	43b	474,526	402,780	71,746	
c	Purchased Services	43c	5,004,441	4,247,795	756,646	
d	Insurance	43d	721,422	612,347	109,075	
e	Bad Debt	43e	1,315,763	1,315,763		
f	Management Fees	43f	498,084		498,084	
g	uncompensated care pool assessment	43g	644,821	644,821		
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	62,805,130	53,795,612	9,009,518	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $_____, **(ii)** the amount allocated to Program services $_____, **(iii)** the amount allocated to Management and general $, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ Provide charitable healthcare services to the community All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a Non-profit acute care hospital which houses transitional care unit During FY08 5,250 patients were cared for in an inpatient/observation setting 19,950 patients were cared for in the emergency room while 5,725 were cared for in the ambulatory care unit A total of $1,428,000 in free care was provided The hospital provides the community with educational programs, preventive medicine and health screenings, while maintaining quality medical technology and professional service Please refer to the attached Milton Hospital Community Benefits Report for additional information (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	53,795,612
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . ▶	53,795,612

Part IV Balance Sheets *(See the instructions.)*

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			45	
	46	Savings and temporary cash investments		273,279	46	1,244,877
	47a	Accounts receivable	47a 11,744,808			
	b	Less allowance for doubtful accounts	47b 5,098,044	6,755,988	47c	6,646,764
	48a	Pledges receivable	48a 1,488,655			
	b	Less allowance for doubtful accounts	48b 161,257	976,196	48c	1,327,398
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a 2,549,508			
	b	Less allowance for doubtful accounts	51b 76,987	880,734	51c	2,472,521
	52	Inventories for sale or use		831,878	52	1,158,575
	53	Prepaid expenses and deferred charges		1,153,442	53	877,506
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☑ FMV		54,481,942	54b	34,174,195
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 104,568,074			
	b	Less accumulated depreciation (attach schedule)	57b 43,343,633	50,055,309	57c	61,224,441
	58	Other assets, including program-related investments (describe ▶ _____)		9,547,071	58	7,774,647
	59	**Total assets** (must equal line 74) Add lines 45 through 58		124,955,839	59	116,900,924
Liabilities	60	Accounts payable and accrued expenses		11,404,757	60	11,504,878
	61	Grants payable			61	
	62	Deferred revenue		19,450	62	7,325
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)		44,703,418	64a	43,622,298
	b	Mortgages and other notes payable (attach schedule)		4,091,818	64b	8,036,893
	65	Other liabilities (describe ▶ _____)		3,611,929	65	4,952,810
	66	**Total liabilities** Add lines 60 through 65		63,831,372	66	68,124,204
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		39,320,265	67	29,856,984
	68	Temporarily restricted		19,036,868	68	16,152,402
	69	Permanently restricted		2,767,334	69	2,767,334
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		61,124,467	73	48,776,720
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		124,955,839	74	116,900,924

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	50,514,830
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**	-7,593,790		
2	Donated services and use of facilities	**b2**			
3	Recoveries of prior year grants	**b3**			
4	Other (specify) _____	**b4**	-4,667,372		
	Add lines **b1** through **b4**			**b**	-12,261,162
c	Subtract line **b** from line **a**			**c**	62,775,992
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify) _____	**d2**			
	Add lines **d1** and **d2**			**d**	-12,261,162
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	62,775,992

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			**a**	62,805,130
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify) _____	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	62,805,130
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify) _____	**d2**	1,685,601		
	Add lines **d1** and **d2**			**d**	1,685,601
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	64,490,731

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 19			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**	Yes	
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	**77**		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) **82b**			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a**			
b	Gross receipts, included on line 12, for public use of club facilities **86b**			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b**			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b	Yes	
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶ MA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 600

91a The books are in care of ▶ James C Holleran VP Finance Telephone no ▶ (617) 696-4600

Located at ▶ Milton Hospital 199 Reedsdale Rd Milton, MA ZIP + 4 ▶ 02186

			Yes	No
b	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)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a net Patient Care Revenue					34,973,736
b Medical Office Building rent					436,986
c other healthcare services					352,290
d					
e					
f Medicare/Medicaid payments					22,253,191
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	749,705	
96 Dividends and interest from securities			14	82,425	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	460,302	-6,604
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a See Additional Data Table					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,729,905	58,009,599
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					60,739,504

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Income from provisions of patient care to members of the community,
93f	provision is extended to those who are unable to pay for healthcare

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Milton Hospital Physician Organization 199 Reedsdale Road milton, MA02186 04-3213042	5000 00 %	Healthcare	0	0
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

NOTE: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	Community Physician Associates Inc 199 Reedsdale road Milton, MA 02186	043243146	Cash Transfer	1,121,068
b	Milton Hospital Development Fund Inc 199 Reedsdale road milton, MA 02186	222567057	Cash Transfer	323,410
c	Milton Hospital Foundation Inc 199 Reedsdale road milton, MA 02186	222566792	Cash Transfer	37,000
d	Horizon Ventures Inc 199 Reedsdale road Milton, MA 02186	042853249	Cash Transfer	204,123
	Totals			1,685,601

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			0

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please 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 officer) is based on all information of which preparer has any knowledge

****** — Signature of officer

2010-01-18 — Date

joseph v morrissey President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: George D Shaw	Date: 2010-01-18	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4: FEELEY & DRISCOLL PC 200 PORTLAND STREET BOSTON, MA 02114			EIN Phone no (617) 742-7788

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization
MILTON HOSPITAL INC

Employer identification number
04-2103604

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ceres greer 199 REEDSDALE ROAD MILTON, MA 02186	registered nurse 40 00	120,644	15,173	0
lynn cronin 199 REEDSDALE ROAD MILTON, MA 02186	registered nurse 40 00	119,040	16,526	0
JEAN M FERNANDEZ 199 REEDSDALE ROAD MILTON, MA 02186	CHIEF INFO OFFICER 40 00	142,049	17,926	0
MICHAEL P DOWNING 199 REEDSDALE ROAD MILTON, MA 02186	DIR RADIOLOGIC SERV 40 00	134,579	17,591	0
REGINA CARNATHAN 199 REEDSDALE ROAD MILTON, MA 02186	Registered Nurse 40 00	129,571	17,564	0
Total number of other employees paid over $50,000 ▶	192			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Greater Boston Anesthesia Associate 20 Hope Avenue Suite 107 Waltham, MA 02453	Anesthesia Associates	700,654
plymouth rock lithotripsy 437 turnpike street milton, MA 02186	healthcare professional services	269,400
anas wardeh md 826 willard street 302 quincy, MA 02169	physician	241,200
Steffian Bradley Associates 100 SUMMER STREET Boston, MA 02110	Architectural	231,310
harvard medical faculty physicians 375 LONGWOOD AVENUE BOSTON, MA 02215	physician group	148,000
Total number of others receiving over $50,000 for professional services ▶ 16		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Walsh Brothers Inc 210 Commercial Street Boston, MA 02109	Construction	9,790,654
commonwealth creative associates 345 union avenue framingham, MA 01702	marketing consultants	396,808
Quest Diagnostics 415 Massachusetts Ave Cambridge, MA 02139	Lab Services	345,172
br alexander co 90 congress st boston, MA 02109	insurance services	262,535
milton hospital condo association 100 highland st milton, MA 02186	condo association	221,019
Total number of other contractors receiving over $50,000 for other services ▶ 8		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1			No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*				
a	Sale, exchange, or leasing property?	2a			No
b	Lending of money or other extension of credit?	2b			No
c	Furnishing of goods, services, or facilities?	2c		Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		Yes	
e	Transfer of any part of its income or assets?	2e			No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a			No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c			No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d			No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a			No
b	Did the organization make any taxable distributions under section 4966?	4b			
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c			
d	Enter the total number of donor advised funds owned at the end of the tax year ▶_____				
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶_____				
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0				
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0				

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☑ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 331/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 331/3%** 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 0

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f**

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		0
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		0
38 Total lobbying expenditures (add lines 36 and 37)	**38**		0
39 Other exempt purpose expenditures	**39**		62,805,130
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		62,805,130
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / The lobbying nontaxable amount is—			
Not over $500,000 — 20% of the amount on line 40			
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	**41**		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			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		250,000
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		0

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount	1,000,000	0	0	0	1,000,000
46 Lobbying ceiling amount (150% of line 45(e))					1,500,000
47 Total lobbying expenditures	0	0	0	0	0
48 Grassroots nontaxable amount	250,000	0	0	0	250,000
49 Grassroots ceiling amount (150% of line 48(e))					375,000
50 Grassroots lobbying expenditures	0	0	0	0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Additional Data

Software ID:
Software Version:
EIN: 04-2103604
Name: MILTON HOSPITAL INC

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Richard P Ward 199 Reedsdale Road Milton, MA 02186	Chairman 2 00	0	0	0
Jane K Hodgman 199 Reedsdale Road Milton, MA 02186	Vice Chairman 2 00	0	0	0
Marvin A Gordon 199 Reedsdale Road Milton, MA 02186	Treasurer 2 00	0	0	0
Mary Ellen Collins 199 Reedsdale Road Milton, MA 02186	Clerk 2 00	0	0	0
Joseph V Morrissey 199 Reedsdale Road Milton, MA 02186	President 40 00	603,919	51,203	0
James C Holleran 199 Reedsdale Road Milton, MA 02186	VP Finance 40 00	376,115	16,062	0
Kathleen M Harrington 199 Reedsdale Road Milton, MA 02186	VP Human Resources 40 00	159,861	14,742	0
Joseph L Raduazzo 199 Reedsdale Road Milton, MA 02186	VP Medical Affairs 40 00	289,328	22,579	0
LISA M COLOMBO 199 Reedsdale Road Milton, MA 02186	VP Nursing Admin 40 00	158,464	7,183	0
CYNTHIA M PAGE 199 Reedsdale Road Milton, MA 02186	VP Administration 40 00	154,777	17,292	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Cristine More 199 Reedsdale Road Milton, MA 02186	VP Development 2 00	0	0	0
Bruce B Alexander 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Michael Brady 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Frank Davis 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
John J McCarthy 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Myrtle R Flight 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Mark Hodgman MD 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
E Bradley Richardson 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Edward S Rogerson 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Patrick Stapleton 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Geoffrey Wickwire MD 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
John J Looney MD 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Charles Winchester 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Stanley Lewis MD 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0
Mark Zeidel 199 Reedsdale Road Milton, MA 02186	Board Member 2 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Milton Hospital Foundation	X	
Milton Hospital Development Fund	X	
Community Physician Associates	X	
Horizon Ventures		X

Form 990, Part VII, Line 103 - Other revenue:

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a cafeteria Vending Machine Revenue			03	335,580	
b Pet Scan Dock Rent			01	19,000	
c Rebates Refunds and Discounts			01	70,858	
d Other Revenue			03	598,754	
e Antenna Rent			01	145,246	
f Cable TV Income			01	50,368	
g Operating interest income			14	217,667	

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Form **4562-FY**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-
2007
Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
MILTON HOSPITAL INC	Form 990 Page 2	04-2103604

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562FY		10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	3,724,959
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2007 Compensation Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Cristine More	Milton Hospital Development Fund Inc	22-2567057	Fundraising	118,919			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
loss on disposal of asset	2007-03	PURCHASED	2007-03		2,000	8,604		0	-6,604	

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TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	MILTON HOSPITAL INC
EIN:	04-2103604
Gross Sales Price:	18,553,039
Basis:	18,092,737
Sales Expenses:	0
Total (net):	460,302

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TY 2007 Investments - Securities Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Description	Book Value	Cost/FMV
Short-term investments	6,991,303	F
Board designated investments	9,035,219	F
Donor restricted investments	18,147,673	F

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TY 2007 Land etc. Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	1,290,010		1,290,010
Land Improvements	1,755,540	1,059,047	696,493
Leasehold Improvements	2,815	2,815	0
Buildings	12,033,440	7,227,518	4,805,922
Building Improvements	42,140,396	8,083,728	34,056,668
Major Moveable Equipment	29,293,895	23,871,732	5,422,163
Vehicles	56,688	18,494	38,194
Construction in progress	14,786,910		14,786,910
Fixed equipment	3,208,380	3,080,299	128,081

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TY 2007 Other Assets Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Description	Beginning of Year Amount	End of Year Amount
Debt Service Reserve Funds	5,429,764	4,405,855
Deferred Financing Costs net	581,308	543,425
Other Intangible Assets	980,101	1,084,436
Accrued Cap Acquisition Assets	2,555,898	1,740,931

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TY 2007 Other Changes in Net Assets Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Description	Amount
Unrealized loss on investments	-4,487,245
adjustment to Additional Minimun Pension Liability	-3,175,064
unrealized loss on investments held in trust	-1,454,943
Equipment Grant	7,364
UNrealized loss on temporarily restricted investments	-1,651,602
Unrestricted NEt ASSETS RELEASED FROM RESTRICTIONS	1,628,155
RELEASE FROM TEMPORARY RESTRICTIONS	-1,653,222
Adjustment to prior year estimated settlements with third party payors	128,483
Net assets released from restrictions used in operations	25,066

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TY 2007 Other Expenses
Not Included Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Description	Amount
Transfers to Affiliates	1,685,601

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TY 2007 Other Liabilities Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Description	Beginning of Year Amount	End of Year Amount
Obligation under capital lease	47,887	24,594
Pension Liability	858,569	2,503,310
Asset Retirement Obligation	105,323	109,560
Due to Third party payors	2,600,150	2,315,346

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TY 2007 Other Revenues Included Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Description	Amount
equipment grant	7,364
Adjustment to additional minimum pension liability	-3,175,064
Adjustment to prior year estimated settlements with third party payors	128,483
Net assets released from restrictions for acquisition of capital	-1,628,155

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TY 2007 Payments to Affiliates Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Name	Address	Amount	Purpose
Community Physician Associates inc	199 Reedsdale road milton, MA 02186	1,121,068	transfer
Milton hospital development fund inc	199 Reedsdale road milton, MA 02186	323,410	transfer
milton hospital foundation inc	199 Reedsdale road milton, MA 02186	241,123	transfer

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TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Item No.	1
Name of Issue	
Purpose	MHEFA Series C Bonds for Capital Expenditures
Amount Outstanding	11207514
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2016-07
Repayment Terms	Payment on July 1 up to 2011. Sinking fund installments from 2011 to 2016.
Interest Rate	400.00 %
Security	Hospital's gross receipts and real property

Item No.	2
Name of Issue	
Purpose	MHEFA Series D Bonds for Capital Expenditures
Amount Outstanding	32414784
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2040-07
Repayment Terms	Payment on July 1 up to 2041. Sinking fund installments from 2016 to 2040.
Interest Rate	525.00 %
Security	Hospital's gross receipts and real property

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TY 2007 Self Dealing Statement

Name: MILTON HOSPITAL INC

EIN: 04-2103604

Line Number	Explanation
2c	- Purchased insurance premiums from Tom Martinson of B.R. Alexander Co., Inc. Tom is the stepson of Bruce Alexander, who is a member of Milton Hospital's Board. Payments to B.R. Alexander Co., Inc. amounted to $262,535 during FY08.- Purchased legal services from Robert J. Sheffield, Attoney at Law. Robert Sheffield is a member of Milton Hospital's Board of Directors. Payments to Robert Sheffield, Attorney at Law, amounted to $29,006 during FY08.- The above transactions were received at usual and customary rates, during the normal course of business, and in accordance with the guidelines of Milton Hospital's policy and procedures.