n3 90509 Form, 990-T OMB No 1545-0687 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning 10/01 , 2017, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed D Employer identification number (Employees' trust, see instructions) MIDDLESEX HOSPITAL B Exempt under section Print ✓ 501(C)(**£**3) Number, street, and room or suite no. If a P.O. box, see instructions 06-0646718 or E Unrelated business activity codes 28 CRESCENT STREET 408(e) 220(e) Type (See instructions) 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 52<u>9(a)</u> MIDDLETOWN, CT 06457 621500 812300 C Book value of all assets at end of year Group exemption number (See instructions.) ▶ 508,825,625 G Check organization type ► ✓ 501(c) corporation ☐ 501(c) trust Other trust Describe the organization's primary unrelated business activity. ▶ (SEE STATEMENT) 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. ▶ MIDDLESEX HEALTH SYSTEM, INC. 22-2676137 The books are in care of ▶ SHANNON ST HILAIRE Telephone number ▶ (860) 358-6000 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 10,337,733 地區可能療, 长脚 を表現を手段 1a Gross receipts or sales 是一种的 7,171,498 **唯一的一位,但是** b Less returns and allowances 1c 3,166,235 2 Cost of goods sold (Schedule A, line 7) . 2 Gross profit. Subtract line 2 from line 1c. . . . 3,166,235 3 edina). Op dis | stori 3,166,235 Capital gain net income (attach Schedule D) . . 4a 0 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0 0 i. 是2004年5月3日 4c Income (loss) from partnerships and S corporations (attach statement) 5 0 0 5 6 0 6 0 7 Unrelated debt-financed income (Schedule E) 7 0 0 0 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 0 0 0 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 0 0 0 10 Exploited exempt activity income (Schedule I) 10 0 0 0 11 Advertising income (Schedule J) 0 0 11 Other income (See instructions, attach schedule) . 12 12 356,668 356,668 13 Total. Combine lines 3 through 12 13 3,522,903 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) 0 15 Salaries and wages 15 891,816 16 Repairs and maintenance 16 0 17 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 0 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return . 22h 71,181 23 Depletion . 0 23 24 Contributions to deferred compensation plans . . . 24 0 25 Employee benefit programs 25 268,707 26 Excess exempt expenses (Schedule I) 26 0 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 1,780,342 29 Total deductions. Add lines 14 through 28 3,012,046 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 510,857 30 31 31 0 32 Unite attended business taxable income before specific deduction, Subtract line 31 from line 30.... 32 510.857

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

Cat No 11291J

509,857 Form 990-T (2017)

1,000



33

34

33

					ugo -	
Part						
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled ground	ab ¦	Z.J			
	members (sections 1561 and 1563) check here ▶ ✓ See instructions and:			ľ		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(g) \$ 50,000 (2) \$ 25,000 \$ 434,857		, ,			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 11,750		LI,			
	(2) Additional 3% tax (not more than \$100,000)					
С	Income tax on the amount on line 34	▶ [35c	123,777		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of	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	Tax on Non-Compliant Facility Income. See instructions	.,, [39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	141	40	123,777		
Part						
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 41a	\Box	17			
b	Other credits (see instructions)	\neg	<i>3</i>			
С	General business credit. Attach Form 3800 (see instructions)	\neg	3 1 2			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	(j.	14, 14, 14, 14, 14, 14, 14, 14, 14, 14,			
е	Total gradita, Add lines 41s through 41s	10	41e	0		
42	Subtract line 41e from line 40	46 ⊦	42	123,777		
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) e	أما	43	0		
44	Total tax. Add lines 42 and 43	{ ₽}	44	123,777		
45a	Payments: A 2016 overpayment credited to 2017	,	أزورا			
b	2017 estimated tax payments	7	2594) 25942)			
С	Tax deposited with Form 8868					
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 45d					
е	Backup withholding (see instructions)		·**.".			
f	Credit for small employer health insurance premiums (Attach Form 8941) . 45f		, , ; ;			
g	Other credits and payments Form 2439	;				
-	☐ Form 4136 ☐ Other 0 Total ▶ 45g 0	124				
46	Total payments. Add lines 45a through 45g	₹	46	306,777		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	台上	47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶	48	0		
. 49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid . 54	▶ ├	49	183,000		
₹50 <u>×</u>	Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ 183,000 Refunded I	▶┟	50	0		
Part			-7			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature of	r oth	er autho	rity Yes	No	
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization is				Q11	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the				- 13	
	here ▶		3	- Industrial in		
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	fore	an trust?	: 	<u>, </u>	
	If YES, see instructions for other forms the organization may have to file.		g 55t.	100000	41.3	
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				7.45	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e best	of my know	ledge and belie	ef, it is	
Sign	true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	dge 🧖		discuss this re		
Here	Quan Matin 17/17/19 VP FINANCE & TREASURER		with the pre	parer shown b	elow	
	Signature of officer Date Title	$-\mathbf{L}$	(see instruct	ions)? 📝 Yes 🗌]No	
Paid	Print/Type preparer's name Decararer's signature Date		. 🗆	PTIN		
	KRISTINIANDERSON KNOTEN M ANDERSON 7/16/2019		ck if employed	P012313	100	
Prepa	arer - CROWELLB			35-0921680		
Use (Uniy		's EIN ►	860) 678-920		
	1. mili addie335 5.152.1. 5.125. 5.144. 6 mili additi , 6 1 4000	Phon	<u> </u>	000) 076-920		

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<u>Sche</u>							Fage
	edule A-Cost of Goods Sold.	Enter method o	f inventory v				
1	Inventory at beginning of year	1	0 6	Inventory a	at end of year	6	0
2	Purchases	2	0 7	Cost of	goods sold. Subtract		
3	Cost of labor	3	0		line 5. Enter here and	5.00	
4a	Additional section 263A costs			ın Part I, Iır	ne 2	7	0
	(attach schedule)	4a	0 8	Do the rul	les of section 263A (with	th respect to	Yes No
b	Other costs (attach schedule)	4b	0		roduced or acquired for		
5	Total. Add lines 1 through 4b	5	0		inization?		
	edule C—Rent Income (From Reinstructions)	leal Property a	nd Persona	I Property	Leased With Real Pro	perty)	
1. Desc	cription of property						
(1)				-	-		
(2)							
(3)		· -					
(4)							
	2. Rent rec	eived or accrued					
	om personal property (if the percentage of rer personal property is more than 10% but not more than 50%)	percentage of re	al and personal prent for personal pent for personal pent is based on p	roperty exceeds	3(a) Deductions directly in columns 2(a) and		
(1)							
(2)						•	
(3)							***************************************
(4)				•			
Total		0 Total			0 (1) - 1 1 1		
(c) Tot	tal income. Add totals of columns 2(a)	and 2(b), Enter			(b) Total deductions. Enter here and on page	1.	
here ar	nd on page 1, Part I, line 6, column (A)	<u> </u>			0 Part I, line 6, column (B)		
Sche	dule E-Unrelated Debt-Finan	ced Income (s	ee instruction	s)			
	1. Description of debt-financed pr	operty		ncome from or debt-financed	Deductions directly cordebt-finance (a) Straight line depreciation	nnected with or alloced property (b) Other de	
			pro	operty	(attach schedule)	(attach sci	
(1)							***************************************
(2)							
					***************************************	***************************************	*************
(3)							*************
(3) (4)							
(4) a	acquisition debt on or of of illocable to debt-financed debt-	age adjusted basis or allocable to financed property tach schedule)	4 d	Column fivided olumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable d (column 6 × tota 3(a) and	l of columns
(4) a p	acquisition debt on or of of debt-financed debt-	or allocable to financed property	4 d	livided		(column 6 x tota	l of columns
(4) a	acquisition debt on or of of debt-financed debt-	or allocable to financed property	4 d	livided olumn 5		(column 6 x tota	l of columns
(4) a p (1)	acquisition debt on or of of debt-financed debt-	or allocable to financed property	4 d	fivided olumn 5 %		(column 6 x tota	l of columns
(4) a p (1)	acquisition debt on or of of debt-financed debt-	or allocable to financed property	4 d	livided olumn 5 %		(column 6 x tota	l of columns
(4) a p (1) (2) (3) (4)	acquisition debt on or of illocable to debt-financed debt-property (attach schedule) (at	or allocable to financed property	4 d	livided olumn 5 % %		(column 6 x tota	on page 1
(4) a p (1) (2) (3) (4)	acquisition debt on or of illocable to debt-financed debt-property (attach schedule) (at	or allocable to financed property tach schedule)	4 d	livided olumn 5 % %	(column 2 × column 6) Enter here and on page 1,	(column 6 × tota 3(a) and	on page 1

Page 4

Schedule F-Interest, Ann	uities, R	oyalties, a	and Ren	ts From	Controlled Org	j anizations (se	e instruct	tions)	
•			Exempt	Controlled	Organizations				
Name of controlled organization		nployer ion number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's great	controlling		eductions directly ected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations				J				
7. Taxable Income		t unrelated inc) (see instructi			otal of specified yments made	10. Part of column included in the organization's gro	controlling		eductions directly cted with income in column 10
(1)									
(2)									
(3)									
(4)			•						***************
Tabela						Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A)	Enter h	columns 6 and 11 lere and on page 1, line 8, column (B)
Totals		-		-\/7\ (0\		> _	0	<u> </u>	0
1. Description of income	ncome (2. Amount of		3. direc	Deductions city connected ach schedule)	4. Set-aside (attach schedi	s	and s	etal deductions et-asides (col. 3 olus col. 4)
(1)			· -	latti	acii scrieddiej			<u> </u>	Jida Coi 4)
(2)				-			+		·
(3)							+		
(4)									
Totals Schedule I—Exploited Exe	Pa		ome, Otl	o	Advertising In	come (see inst			re and on page 1, ne 9, column (B) 0 7. Excess exempt
Description of exploited activi .	ty b	2. Gross unrelated ousiness incon from trade or business	ne conr pro-	directly lected with duction of hrelated ess income	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. Expe attributa colum	ble to	expenses (column 6 minus column 5, but not more than column 4)
(1)							··········		
(2)									
(3)									
(4)	. ▶	nter here and page 1, Part I line 10, col (A). pag line	here and on e 1, Part I, I 0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising I						- ··· · ·			
Part I Income From P	eriodica	is Report	ed on a	Consoli	Y				
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Reade cost	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									TEST I I I I I I I I I I I I I I I I I I I
(2)					in the first of the state of th				Maria de la companya del companya de la companya de la companya del companya de la companya de l
(3)									
(4)					PERSONAL PROPERTY.				
_					i				
Totals (carry to Part II, line (5))	. 🏲		0	0	0			F	0 orm 990-T (2017)

	<u></u>	
Part II	ncome From Periodicals Reported on a Separate Basis (For each periodical listed in Pa	art II, fill in columns
	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	444			0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1−5) ►	0	О .				0

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

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

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Form 990T Part I, Line 12	Other Income		
	Description		Amount
AMOUNTS PAID FOR DISALLOWED FRII	NGES		
(1) AMOUNTS PAID FOR DISALLOWED F	RINGES		356,668
		Total for Part I, Line 12	356,668

Form 990T Part II, Line 28	Other Deductions		
	Description		Amount
SPECIMEN LABORATORY			
(1) OTHER EXPENSES			1,426,004
TECHNICAL LABORATORY			
(2) OTHER EXPENSES			336,881
OUTSIDE LAUNDRY			
(3) OTHER EXPENSES			17,457
		Total for Part II. Line 28	1.780.342

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Form 990T, Part III, Line 35c Tax Computation Worksheet for Members of a Controlled Group

1 `	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	509,857
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	50,000
3	Subtract line 2 from line 1	459,857
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	25,000
5	Subtract line 4 from line 3	434,857
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	434,857
7	Subtract line 6 from line 5	
8	Enter 15% of line 2	7,500
9	Enter 25% of line 4	6,250
10	Enter 34% of line 6	147,851
11	Enter 35% of line 7	
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	11,750
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	
14	Add lines 8 through 13 Enter here and on line 35c, page 2, Form 990-T	123,777