



2939328411718 0

Form **990-T**

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 20 19

Go to www.irs.gov/Form990T for instructions and the latest information. **1909**

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

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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) (03) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year <u>528,880,049</u>	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) <u>MIDDLESEX HOSPITAL</u> Number, street, and room or suite no. If a P O box, see instructions <u>28 CRESCENT STREET</u> City or town, state or province, country, and ZIP or foreign postal code <u>MIDDLETOWN, CT 06457</u>	D Employer identification number (Employees' trust, see instructions) <u>06-0646718</u>
		E Unrelated business activity code (See instructions) <u>621500</u>
F Group exemption number (See instructions.) ▶		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

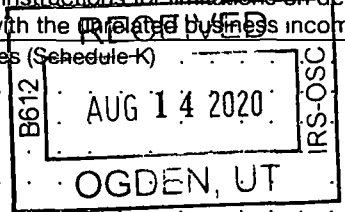
H Enter the number of the organization's unrelated trades or businesses ▶ 2 Describe the only (or first) unrelated trade or business here ▶ MEDICAL AND DIAGNOSTIC LABORATORY SERVICES FOR NON-HOSPITAL PATIENTS. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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. ▶ MIDDLESEX HEALTH SYSTEM, INC 22-2676137

J 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
1a Gross receipts or sales	<u>10,310,765</u>			
b Less returns and allowances	<u>7,160,286</u>			
1c Balance ▶		<u>3,150,479</u>		
2 Cost of goods sold (Schedule A, line 7)		<u>0</u>		
3 Gross profit Subtract line 2 from line 1c		<u>3,150,479</u>		<u>3,150,479</u>
4a Capital gain net income (attach Schedule D)		<u>0</u>		<u>0</u>
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<u>0</u>		<u>0</u>
4c Capital loss deduction for trusts		<u>0</u>		<u>0</u>
5 Income (loss) from a partnership or an S corporation (attach statement)		<u>0</u>		<u>0</u>
6 Rent income (Schedule C)		<u>0</u>	<u>0</u>	<u>0</u>
7 Unrelated debt-financed income (Schedule E)		<u>0</u>	<u>0</u>	<u>0</u>
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<u>0</u>	<u>0</u>	<u>0</u>
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<u>0</u>	<u>0</u>	<u>0</u>
10 Exploited exempt activity income (Schedule I)		<u>0</u>	<u>0</u>	<u>0</u>
11 Advertising income (Schedule J)		<u>0</u>	<u>0</u>	<u>0</u>
12 Other income (See instructions; attach schedule)		<u>0</u>		<u>0</u>
13 Total. Combine lines 3 through 12		<u>3,150,479</u>	<u>0</u>	<u>3,150,479</u>

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)			<u>0</u>
15 Salaries and wages			<u>1,084,063</u>
16 Repairs and maintenance			<u>0</u>
17 Bad debts			<u>0</u>
18 Interest (attach schedule) (see instructions)			<u>0</u>
19 Taxes and licenses			<u>0</u>
20 Charitable contributions (See instructions for limitation rules)			<u>0</u>
21 Depreciation (attach Form 4562)		<u>83,334</u>	
22a Less depreciation claimed on Schedule A and elsewhere on return		<u>0</u>	<u>83,334</u>
22b			
23 Depletion			<u>0</u>
24 Contributions to deferred compensation plans			<u>0</u>
25 Employee benefit programs			<u>255,136</u>
26 Excess exempt expenses (Schedule I)			<u>0</u>
27 Excess readership costs (Schedule J)			<u>0</u>
28 Other deductions (attach schedule)			<u>1,961,134</u>
29 Total deductions. Add lines 14 through 28			<u>3,383,667</u>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<u>(233,188)</u>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			<u>0</u>
32 Unrelated business taxable income. Subtract line 31 from line 30			<u>(233,188)</u>



For Paperwork Reduction Act Notice, see instructions. Cat No 11291J Form 990-T (2018)

341

GAS

SCANNED NOV 09 2020

Received in

Nov 10 2020

4

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0
34	Amounts paid for disallowed fringes	34	0
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	0
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	0
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	0
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	0
b	Other credits (see instructions)	45b	0
c	General business credit. Attach Form 3800 (see instructions)	45c	0
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	0
e	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	0
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0
50a	Payments: A 2017 overpayment credited to 2018	50a	149,821
b	2018 estimated tax payments	50b	122,750
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	50g	0
51	Total payments. Add lines 50a through 50g	51	272,571
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	272,571
55	Enter the amount of line 54 you want Credited to 2019 estimated tax 0 Refunded 272,571	55	272,571

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

56	At any time during the 2018 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	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.		✓
58	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	0

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

Sign Here *Susan Maiten* Signature of officer Date *7/20/2020* Title **VP FINANCE & TREASURER**

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

Paid Preparer Use Only	Print/Type preparer's name KRISTIN ANDERSON	Preparer's signature <i>Kristin M. Anderson</i>	Date 7/20/2020	Check <input type="checkbox"/> if self-employed	PTIN P01231300
	Firm's name CROWE LLP	Firm's EIN 35-0921680			
	Firm's address 175 POWDER FOREST DRIVE, SIMSBURY, CT 06089	Phone no (860) 678-9200			

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

Table with 5 main rows and 2 sub-rows for 4a and 4b. Columns include line numbers, descriptions, and values. Line 5 total is 0. Line 6 inventory at end of year is 0. Line 7 cost of goods sold is 0. Line 8 has Yes/No columns with a checkmark in the No column.

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

Table for Schedule C with 2 main columns: (a) From personal property and (b) From real and personal property. Includes a Total row and a (c) Total income row. Total income is 0.

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

Table for Schedule E with 4 main columns: (1) Description, (2) Gross income, (3) Deductions, and (4) Amount of average acquisition debt. Includes a Totals row and a Total dividends-received deductions row.

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)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
Totals		0	0	

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

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

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 20 19.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Name of the organization MIDDLESEX HOSPITAL Employer identification number 06-0646718

Unrelated business activity code (see instructions) ▶ 812300
Describe the unrelated trade or business ▶ OUTSIDE LAUNDRY SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>19,556</u>			
b	Less returns and allowances <u>0</u>			
c	Balance ▶	1c		
		<u>19,556</u>		
2	Cost of goods sold (Schedule A, line 7)	2	<u>0</u>	
3	Gross profit Subtract line 2 from line 1c	3	<u>19,556</u>	<u>19,556</u>
4a	Capital gain net income (attach Schedule D)	4a	<u>0</u>	<u>0</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<u>0</u>	<u>0</u>
c	Capital loss deduction for trusts	4c	<u>0</u>	<u>0</u>
5	Income (loss) from a partnership or an S corporation (attach statement)	5	<u>0</u>	<u>0</u>
6	Rent income (Schedule C)	6	<u>0</u>	<u>0</u>
7	Unrelated debt-financed income (Schedule E)	7	<u>0</u>	<u>0</u>
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	<u>0</u>	<u>0</u>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	<u>0</u>	<u>0</u>
10	Exploited exempt activity income (Schedule I)	10	<u>0</u>	<u>0</u>
11	Advertising income (Schedule J)	11	<u>0</u>	<u>0</u>
12	Other income (See instructions; attach schedule)	12	<u>0</u>	<u>0</u>
13	Total. Combine lines 3 through 12	13	<u>19,556</u>	<u>19,556</u>

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	<u>0</u>
15	Salaries and wages	15	<u>9,155</u>
16	Repairs and maintenance	16	<u>0</u>
17	Bad debts	17	<u>0</u>
18	Interest (attach schedule) (see instructions)	18	<u>0</u>
19	Taxes and licenses	19	<u>0</u>
20	Charitable contributions (See instructions for limitation rules)	20	<u>0</u>
21	Depreciation (attach Form 4562)	21	<u>2,272</u>
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	<u>0</u>
22b			<u>2,272</u>
23	Depletion	23	<u>0</u>
24	Contributions to deferred compensation plans	24	<u>0</u>
25	Employee benefit programs	25	<u>2,145</u>
26	Excess exempt expenses (Schedule I)	26	<u>0</u>
27	Excess readership costs (Schedule J)	27	<u>0</u>
28	Other deductions (attach schedule)	28	<u>18,847</u>
29	Total deductions. Add lines 14 through 28	29	<u>32,419</u>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<u>(12,863)</u>
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	<u>0</u>
32	Unrelated business taxable income. Subtract line 31 from line 30	32	<u>(12,863)</u>

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

Form 990T Part II, Line 20**Charitable Contributions**

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2018	44,500	0	0	0	44,500	2023
Totals	44,500	0	0	0	44,500	

Description	Amount
MEDICAL AND DIAGNOSTIC LABORATORY SERVICES FOR NON-HOSPITAL PATIENTS	
(1) OTHER EXPENSES	1,149,782
(2) PROFESSIONAL FEES	1,422
(3) ADMIN & GENERAL	663,898
(4) OPERATION OF PLANT	122,013
(5) LAUNDRY & LINEN	134
(6) HOUSEKEEPING	8,569
(7) CAFÉ	9,828
(8) CENTRAL STERILE	1,501
(9) PHARMACY	3,987
Total	1,961,134
OUTSIDE LAUNDRY SERVICES	
(10) OTHER EXPENSES	18,769
(11) PROFESSIONAL FEES	78
Total	18,847

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
MEDICAL AND DIAGNOSTIC LABORATORY SERVICES FOR NON-HOSPITAL PATIENTS					
2018	233,188		0	0	233,188
OUTSIDE LAUNDRY SERVICES					
2018	12,863		0	0	12,863

Form 990T Part V, Line 50b**Estimated Tax Payments**

Date	Amount
01/14/2019	61,375
03/14/2021	61,375
Totals	122,750

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return MIDDLESEX HOSPITAL	Business or activity to which this form relates 621500	Identifying number 06-0646718
---	---	----------------------------------

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 instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	1,000,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	83,334

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
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 instructions	22	83,334
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	0

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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	0			
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	0			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .								29 0			

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 (don't 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	0		0		0		0		0		0	
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
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," don't 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 2018 tax year (see instructions):						
43 Amortization of costs that began before your 2018 tax year					43	0
44 Total. Add amounts in column (f). See the instructions for where to report					44	0

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return
MIDDLESEX HOSPITAL

Business or activity to which this form relates
812300

Identifying number
06-0646718

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 instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	1,000,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	2,272

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 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	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
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 instructions	22	2,272
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	0

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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	0				
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	0				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29				0

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 (don't 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	0		0		0		0		0		0	
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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," don't 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 2018 tax year (see instructions):					
43 Amortization of costs that began before your 2018 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0