

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Middlesex Hospital		<b>D</b> Employer identification number 06-0646718
	Doing business as		<b>E</b> Telephone number (860) 358-6395
	Number and street (or P O box if mail is not delivered to street address) 28 CRESCENT STREET	Room/suite	<b>G</b> Gross receipts \$ 473,725,457
	City or town, state or province, country, and ZIP or foreign postal code MIDDLETOWN, CT 06457		
<b>F</b> Name and address of principal officer VINCENT CAPECE JR 28 CRESCENT STREET MIDDLETOWN, CT 06457		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ WWW.MIDDLESEXHOSPITAL.ORG	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1895	<b>M</b> State of legal domicile CT

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities MIDDLESEX HOSPITAL IS COMMITTED TO PROVIDING HIGH QUALITY INPATIENT AND OUTPATIENT HEALTHCARE SERVICES THE HOSPITAL RECOGNIZES COMMUNITY TRANSPARENCY AND INTEGRITY AS FUNDAMENTAL RESPONSIBILITIES				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
<b>Revenue</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13		
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	3,430		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	531		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	3,170,035		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0		
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	4,475,172	<b>Current Year</b>	5,787,866
<b>9</b> Program service revenue (Part VIII, line 2g)	431,741,799	432,247,273			
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,819,509	9,557,248			
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,354,445	5,078,880			
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	451,390,925	452,671,267			
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,500	92,500		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	228,616,625	231,814,364		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 968,124				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	174,660,138	178,097,893		
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	403,345,263	410,004,757		
<b>19</b> Revenue less expenses Subtract line 18 from line 12	48,045,662	42,666,510			
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	508,825,625	<b>End of Year</b>	528,880,049
	<b>21</b> Total liabilities (Part X, line 26)	151,444,638	141,997,427		
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	357,380,987	386,882,622		

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer ***** SUSAN MARTIN VP FINANCE & TREASURER	Date 2020-07-21
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	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	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

MIDDLESEX HOSPITAL EXISTS TO PROVIDE THE SAFEST, HIGHEST-QUALITY HEALTH CARE AND THE BEST EXPERIENCE POSSIBLE FOR OUR COMMUNITY MIDDLESEX HOSPITAL IS AN ACUTE CARE GENERAL HOSPITAL SERVING THE RESIDENTS OF MIDDLESEX COUNTY AND VARIOUS SURROUNDING COMMUNITIES PROVIDING SELECTED HIGH QUALITY INPATIENT AND OUTPATIENT HEALTH SERVICES THE HOSPITAL MAINTAINS FORMAL (CONTINUED ON SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 365,506,325 including grants of \$ 92,500 ) (Revenue \$ 432,443,359 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 365,506,325

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	3,430		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .				<b>3a</b>	Yes
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>				<b>3b</b>	Yes
<b>4a</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)? . . .				<b>4a</b>	No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .				<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	Yes
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>	
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .				<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .				<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>				<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CT); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (SHANNON ST HILAIRE 28 CRESCENT STREET MIDDLETOWN, CT 06457 (860) 358-6000).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b>									
<b>1c Total from continuation sheets to Part VII, Section A</b>									
<b>1d Total (add lines 1b and 1c)</b>						6,963,106	0	962,043	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 410

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACSYS INTERACTIVE 1577 NEW BRITAIN AVENUE FARMINGTON, CT 06032	MARKETING	2,821,403
ARAMARK CORPORATION 66 OXFORD DRIVE FRANKLIN, MA 02038	DIETARY / HOUSEKEEPING	1,841,179
QUEST DIAGNOSTICS INC 2025 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LABORATORY SERVICES	1,495,592
Cerner Corporation PO Box 959156 St Louis, MO 631959156	Technology	1,408,731
GE Healthcare IITS 15727 Collections Center Drive Chicago, IL 60693	Technology	1,243,658

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 76



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 34,964			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 233,399			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b> 3,745,065			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,774,438			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____	149,013			
	<b>h Total.</b> Add lines 1a-1f . . . . .		5,787,866		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Patient Revenues		621110	426,551,142	426,551,142		
<b>b</b> Technical Lab		621500	782,600		782,600		
<b>c</b> Specimen Lab		621500	2,367,879		2,367,879		
<b>d</b> Joint Venture Program		900009	2,545,652	2,545,652			
<b>e</b> _____							
<b>f</b> All other program service revenue			0	0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .			432,247,273				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			6,505,576			6,505,576
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			41,184			41,184
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		1,014,560					
	<b>b</b> Less rental expenses	828,040					
	<b>c</b> Rental income or (loss)	186,520	0				
	<b>d</b> Net rental income or (loss) . . . . .			186,520			186,520
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		23,141,373					
	<b>b</b> Less cost or other basis and sales expenses	20,130,885					
	<b>c</b> Gain or (loss)	3,010,488	0				
	<b>d</b> Net gain or (loss) . . . . .			3,010,488			3,010,488
	<b>8a</b> Gross income from fundraising events (not including \$ 233,399 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	95,265				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	95,265				
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> Cafeteria Revenue	722210	1,526,239				1,526,239	
<b>b</b> Business inruption proceeds	900009	343,222	343,222				
<b>c</b> _____							
<b>d</b> All other revenue . . . . .		3,022,899	3,003,343	19,556		0	
<b>e Total.</b> Add lines 11a-11d . . . . .		4,892,360					
<b>12 Total revenue.</b> See Instructions . . . . .		452,671,267	432,443,359	3,170,035		11,270,007	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	92,500	92,500		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,141,326	5,613,870	527,456	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	267,767	267,767		
<b>7</b> Other salaries and wages.	188,643,712	172,418,801	16,224,911	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	9,397,584	8,649,547	748,037	
<b>9</b> Other employee benefits.	13,690,463	12,587,456	1,103,007	
<b>10</b> Payroll taxes.	13,673,512	12,580,491	1,093,021	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	7,394,141	6,202,427	223,590	968,124
<b>b</b> Legal.	462,548		462,548	
<b>c</b> Accounting.	194,658		194,658	
<b>d</b> Lobbying.	99,111		99,111	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	168,722		168,722	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,787,993	21,690,435	5,097,558	0
<b>12</b> Advertising and promotion.	3,463,705	82,615	3,381,090	
<b>13</b> Office expenses.	7,640,017	5,375,909	2,264,108	
<b>14</b> Information technology.	12,230,132	7,454,870	4,775,262	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	7,191,805	4,599,876	2,591,929	
<b>17</b> Travel.	1,228,698	959,601	269,097	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	541,130	486,287	54,843	
<b>20</b> Interest.	1,585,705	1,585,705		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	23,518,580	21,180,596	2,337,984	
<b>23</b> Insurance.	3,053,876	3,053,876		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> Medical Supplies.	42,066,093	42,066,093		
<b>b</b> State Hospital Tax.	32,403,511	32,403,511		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses.	8,067,468	6,154,092	1,913,376	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	410,004,757	365,506,325	43,530,308	968,124
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	27,632,430	<b>1</b>	40,883,855
	<b>2</b> Savings and temporary cash investments . . . . .	32,477,000	<b>2</b>	14,759,476
	<b>3</b> Pledges and grants receivable, net . . . . .	1,174,131	<b>3</b>	1,981,000
	<b>4</b> Accounts receivable, net . . . . .	48,017,606	<b>4</b>	48,355,523
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,049,892	<b>7</b>	1,224,315
	<b>8</b> Inventories for sale or use . . . . .	1,275,731	<b>8</b>	1,315,139
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,256,310	<b>9</b>	5,007,515
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 594,654,766		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 372,845,984	201,848,824	<b>10c</b> 221,808,782
	<b>11</b> Investments—publicly traded securities . . . . .	176,743,045	<b>11</b>	179,344,862
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	612,800	<b>14</b>	545,933
	<b>15</b> Other assets See Part IV, line 11 . . . . .	12,737,856	<b>15</b>	13,653,649
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	508,825,625	<b>16</b>	528,880,049	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	64,537,203	<b>17</b>	58,756,565
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,010,749	<b>19</b>	964,337
	<b>20</b> Tax-exempt bond liabilities . . . . .	43,542,482	<b>20</b>	42,361,422
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	42,354,204	<b>25</b>	39,915,103
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	151,444,638	<b>26</b>	141,997,427
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	339,115,292	<b>27</b>	368,990,166
	<b>28</b> Temporarily restricted net assets . . . . .	10,328,569	<b>28</b>	9,887,659
	<b>29</b> Permanently restricted net assets	7,937,126	<b>29</b>	8,004,797
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	357,380,987	<b>33</b>	386,882,622	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	508,825,625	<b>34</b>	528,880,049	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	452,671,267
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	410,004,757
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	42,666,510
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	357,380,987
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,014,000
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-11,150,875
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	386,882,622

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 06-0646718  
**Name:** Middlesex Hospital

Form 990 (2018)

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### Form 990, Part III, Line 4a:

IN THE FISCAL YEAR ENDING 9/30/2019, INPATIENT CARE REPRESENTED 13,087 DISCHARGES AND 53,851 PATIENT CARE DAYS ARMED WITH SKILLED STAFF, PROGRESSIVE DIAGNOSTIC TOOLS AND ADVANCED SURGICAL TECHNIQUES, THE HOSPITAL WAS WELL POSITIONED TO ENSURE A COMFORTABLE, SAFE ENVIRONMENT FOR EXCEPTIONAL MEDICAL TREATMENT AND RECOVERY INPATIENT CARE FROM REGISTRATION THROUGH DISCHARGE IS CAREFULLY MANAGED TO EXCEED REGULATORY REQUIREMENTS AND ENSURE QUALITY, PATIENT SATISFACTION, AND BEST PRACTICE WITH EACH ASPECT OF THE INPATIENT EXPERIENCE, INCLUDING ALL ELEMENTS OF CARE FROM NURSING COMPETENCY AND COMPASSION, TO MEAL QUALITY, LAB AND DIAGNOSTIC TESTING, SAFE AND SECURE PHYSICAL SURROUNDINGS TO PATIENT EDUCATION MIDDLESEX HOSPITAL, LICENSED FOR 275 BEDS AND 22 BASSINETS, PROVIDES ACUTE CARE FROM DEDICATED HEALTH CARE TEAMS WHICH INCLUDE SURGEONS, HOSPITALISTS, FAMILY PRACTITIONERS AND RESIDENTS, MEDICAL STAFF PHYSICIANS, MAGNET NURSES, PHYSICIAN ASSISTANTS, PATIENT CARE TECHNOLOGISTS, DIAGNOSTIC TECHNICIANS, PATHOLOGISTS, ADMINISTRATORS, ENVIRONMENTAL SERVICES, SECURITY, ENGINEERING AND A HOST OF OTHERS WORKING TOGETHER TO ENABLE THE ORGANIZATION'S SUCCESS THE HOSPITAL UNITS INCLUDING INTENSIVE AND CRITICAL CARE, MEDICAL SURGICAL, ONCOLOGY, ORTHOPEDIC, PULMONOLOGY, VASCULAR AND CARDIOLOGY, GASTROINTESTINAL, MATERNITY, A 20 BED PSYCHIATRIC FLOOR, AND HOSPICE SERVICES SPECIALIZE IN THE SPECIFIC NEEDS OF THEIR PATIENTS AND ARE STAFFED TO ACCOMMODATE THE UNIQUE TREATMENT REQUIREMENTS OF EACH ALL ANCILLARY SERVICES INCLUDING LABS, RADIOLOGY, FOOD SERVICES, PATHOLOGY, PHARMACY, MEDICAL TRANSCRIPTION AND INFORMATION SERVICES TOO ARE A PART OF THE HOSPITAL TEAM PATIENT CARE IS DEVELOPED WITH FULL CONSIDERATION OF THE WHOLE INDIVIDUAL, AS THEY ARE ASSIGNED TO CONDITION SPECIFIC CARE PATHWAYS AND SERVICES TO SECURE BEST TREATMENT AND RECOVERY

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EVAN JACKSON	40 0				X		386,834	0	76,480	
VP STRATEGIC PLANNING AND CIO	40 0				X		320,273	0	43,572	
DONNA STRONESKI	40 0				X		430,256	0	39,798	
VP HUMAN RESOURCES	40 0					X	418,548	0	32,973	
THEODORE HARTENSTEIN	40 0					X	411,201	0	18,357	
MEDICAL DIRECTOR, UTILIZATION MANAGEMENT	40 0					X	407,889	0	48,214	
JEFFREY SHELTON	40 0					X	374,095	0	44,071	
CHAIRMAN DEPT PSYCH	40 0					X	155,781	0	161	
MATTHEW DOLAN	40 0					X				
Emergency Medicine MD	40 0					X				
BRIAN MCGUIRE	40 0					X				
MEDICAL DIRECTOR ED	40 0					X				
DAVID ANTMAN	40 0					X				
Emergency Medicine MD	40 0					X				
GREGORY NOKES	40 0					X				
VP HUMAN RESOURCES	40 0					X				



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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Middlesex Hospital

Employer identification number

06-0646718

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 06-0646718

**Name:** Middlesex Hospital

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**



**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization Middlesex Hospital	<b>Employer identification number</b> 06-0646718
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		99,111
<b>j</b>	Total Add lines 1c through 1i			99,111
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	MIDDLESEX HOSPITAL PAYS DUES TO BOTH THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE CONNECTICUT HOSPITAL ASSOCIATION (CHA) A PERCENTAGE OF THOSE DUES FUNDED LOBBYING ACTIVITIES DURING THE FISCAL YEAR THE PORTION OF AHA DUES TOTALED \$10,804 AND THE PORTION OF CHA DUES TOTALED \$23,887 IN ADDITION, MIDDLESEX HOSPITAL CONTRACTED WITH TWO CONSULTANTS WHO PERFORMED LOBBYING ACTIVITIES THOSE EXPENSES TOTALED \$64,420

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
Middlesex Hospital

**Employer identification number**  
06-0646718

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

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

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	124,738,999	118,528,000	103,326,000	122,014,000	126,387,000
<b>b</b> Contributions . . . . .	67,000	505,000	451,000		2,000
<b>c</b> Net investment earnings, gains, and losses	3,977,000	5,702,999	14,480,000	10,726,000	-2,106,000
<b>d</b> Grants or scholarships . . . . .					0
<b>e</b> Other expenditures for facilities and programs . . . . .	-166,001	-3,000	-271,000	29,414,000	2,269,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	128,949,000	124,738,999	118,528,000	103,326,000	122,014,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 90 75 %
  - b** Permanent endowment ▶ 0 %
  - c** Temporarily restricted endowment ▶ 9 25 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		13,291,125		13,291,125
<b>b</b> Buildings . . . . .		331,194,229	187,817,844	143,376,385
<b>c</b> Leasehold improvements		2,061,978	1,775,250	286,728
<b>d</b> Equipment . . . . .		218,930,206	179,559,994	39,370,212
<b>e</b> Other . . . . .		29,177,228	3,692,896	25,484,332
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				221,808,782

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED RETIREMENT LIABILITIES	3,620,428
SELF INSURANCE LIABILITIES	24,535,749
ASSET RETIREMENT OBLIGATION	568,645
UNALLOCATED 3RD PARTY	10,848,297
OTHER	341,984
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	39,915,103

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 06-0646718  
**Name:** Middlesex Hospital

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE WITHOUT DONOR RESTRICTIONS RECORDED IN THE BOARD-DESIGNATED (QUASI-ENDOWMENT) FUNDS ARE ASSETS SET ASIDE BY THE BOARD FOR FUTURE UNSPECIFIED USES AND TO SUPPORT EDUCATION AND OTHER PROGRAMS OVER WHICH THE BOARD RETAINS CONTROL AND MAY, AT ITS DISCRETION, SUBSEQUENTLY USE FOR OTHER PURPOSES PERMANENT ENDOWMENT FUNDS ARE ASSETS RECEIVED WITH THE DONOR INTENTION THAT THE PRINCIPAL BE INVESTED IN PERPETUITY AND THAT ONLY THE INCOME EARNED THEREON IS AVAILABLE FOR SPECIFIC OR GENERAL SERVICES, SUCH AS FREE BED FUNDS AND SUPPORT OF HOSPITAL OPERATIONS THESE ARE NOT IDENTIFIED ON THE AUDIT STATEMENTS IN THIS FASHION FOR F Y2019 THEY ARE IN AS EITHER WITH OR WITHOUT DONOR RESTRICTIONS TEMPORARILY RESTRICTED ENDOWMENT FUNDS ARE ASSETS RESTRICTED BY THE DONOR EITHER AS TO PURPOSE AND/OR AS TO TIME OF EXPENDITURE, SUCH AS EDUCATION, HEALTH SERVICES AND CAPITAL PURCHASES

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The System accounts for uncertain tax positions with provisions of FASB ASC 740, "Income Taxes," which provides a framework for how companies should recognize, measure, present and disclose uncertain tax positions in their consolidated financial statements. The System may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The System does not have any uncertain tax positions as of September 30, 2019 and 2018. It is the System's policy to record penalties and interest associated with uncertain tax provisions as a component of operating expenses. As of September 30, 2019 and 2018, the System did not record any penalties or interest associated with uncertain tax positions. The System's prior three tax years are open and subject to examination by the Internal Revenue Service.</p>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury Internal Revenue Service

Name of the organization Middlesex Hospital

Employer identification number

06-0646718

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

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

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>TPC Golf</u> (event type)	<u>Hospice Golf</u> (event type)	<u>2</u> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	173,330	78,282	77,052	328,664
	<b>2</b> Less Contributions . . . . .	114,013	55,040	64,346	233,399
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	59,317	23,242	12,706	95,265
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	2,423	0	2,423
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	57,523	8,620	0	66,143
	<b>7</b> Food and beverages . . . . .	0	10,134	0	10,134
	<b>8</b> Entertainment . . . . .	0	0	0	0
	<b>9</b> Other direct expenses . . . . .	1,795	2,064	12,706	16,565
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				95,265
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				0

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

Return Reference	Explanation
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**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 Middlesex Hospital

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 06-0646718

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 50000 %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)		4,235	7,251,941	4,454,888	2,797,053	0 68 %
<b>b</b> Medicaid (from Worksheet 3, column a)		19,376	84,214,474	56,149,381	28,065,093	6 85 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)		388	1,056,335	783,466	272,869	0 07 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	23,999	92,522,750	61,387,735	31,135,015	7 59 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)		14,961	6,870,932	316,577	6,554,355	1 60 %
<b>f</b> Health professions education (from Worksheet 5)		1,396	13,768,991	2,153,269	11,615,722	2 83 %
<b>g</b> Subsidized health services (from Worksheet 6)		32,406	46,861,660	35,408,830	11,452,830	2 79 %
<b>h</b> Research (from Worksheet 7)		31	360,672	16,771	343,901	0 08 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)		3,528	318,202	1,800	316,402	0 08 %
<b>j Total.</b> Other Benefits	0	52,322	68,180,457	37,897,247	30,283,210	7 39 %
<b>k Total.</b> Add lines 7d and 7j	0	76,321	160,703,207	99,284,982	61,418,225	14 98 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development			3,614		3,614	0 %
3 Community support		18	126,526	24,700	101,826	0 02 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building		31	567		567	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development		40	62		62	0 %
9 Other					0	0 %
<b>10 Total</b>	0	89	130,769	24,700	106,069	0 03 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME)	5	38,612,666
6	Enter Medicare allowable costs of care relating to payments on line 5	6	45,808,120
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-7,195,454
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used  <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //middlesexhealth org/middlesex-and-the-community/serving-our-community/community-health-needs</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https //middlesexhealth org/middlesex-and-the-community/serving-our-community/community-health-needs</u>	Yes	
<b>a</b>	If "Yes" (list url) <u>community/community-health-needs</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

MIDDLESEX HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>500 0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b> Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b> Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //middlesexhospital.org/patients-and-visitors/financial-assistance-services</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //middlesexhospital.org/patients-and-visitors/financial-assistance-services</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //middlesexhospital.org/patients-and-visitors/financial-assistance-services</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

MIDDLESEX HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

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

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

MIDDLESEX HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

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

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

Form and Line Reference	Explanation
See Add'l Data	

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
<b>1</b> MIDDLESEX HOSPITAL HOMECARE 770 SAYBROOK ROAD MIDDLETOWN, CT 06457	HOMECARE SERVICES, REHAB, HEART HEALTH, OTHER SERVICES
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Criteria used for determining eligibility for free or discounted care	In general, Middlesex Hospital ("the Hospital") uses FPG to determine eligibility. There are, however, special circumstances (such as a catastrophic event) which may affect a patient's ability to pay. In this case, the Hospital evaluates the application with consideration given to the patient's current situation. With special circumstances, in order to maximize the amount of financial assistance discount, the FPG threshold may be ignored and the Hospital may use the patient's assets and/or tax return itemized deductions to determine the amount of financial assistance.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	n/a Middlesex Hospital is not part of an affiliated health care system



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 Additional Information - State filing community benefit report	Under the Connecticut General Statutes 19a-127k, hospitals that have a community benefit program in place, as specified by the statute, are required to report biennially to the State of CT. This biennial community benefit reporting is currently under the auspices of the State of Connecticut's Office of Health Strategy. As Middlesex Hospital meets the statute as having a community benefit program in place, it reports biennially to the State of CT's Office of Health Strategy.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 4 The tax year the hospital facility last conducted a CHNA	The last CHNA report was approved by the board on 9/27/19 (tax year 2018), certain updates to the report were made and approved by the board on 11/22/19

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 8 Adoption of Implementation Strategy	Middlesex Hospital's most recent Implementation Strategy (that relates to Middlesex Hospital's 2019 CHNA) was adopted after the end of the tax year in which its most recent CHNA was completed, but before the 15th day of the fifth month after the end of the tax year in which the CHNA was conducted. This Implementation Strategy was adopted by the board on February 7, 2020.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	Middlesex Hospital includes its Family Medicine Group as a subsidized service For FY19, 10,500 unique individuals were served with a total Hospital subsidy of \$297,650 Middlesex County has been designated by the Health Resources and Services Administration (HRSA) to be a Medically Underserved Area experiencing a shortage of select health services which include too few primary care providers In addition, HRSA reports Health Professional Shortage Areas (HPSAs) for primary care (Middletown service area, low income population), mental health (Middlesex County, high need geographic) and dental health (central Middletown, low income population) Middlesex Hospital's Family Medicine Group fills a vital community health need by providing access to primary care services

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	<p>For Part 1, Line 7 sections (a) financial assistance at cost, (b) Medicaid, (c) costs of other means-tested government programs, portions of (f) health professions education, and (g) subsidized health services, the costing methodology used is a hybrid cost accounting/Medicare Cost-to-Charge Ratio calculation. The percentages are derived from the most current Medicare Cost Report and applied by charge line appropriately. Indirect costs were applied to subsidized health services. The Medicare Cost Report does not address all areas of the Hospital in the same detail, but does accurately address inpatient and outpatient, Homecare and to an extent physician services. Sections (e) community health improvement, portions of (f) health professions education, (h) research, and (i) cash and in-kind contributions to community groups are comprised (except for cash donations and in-kind material donations) of 1) supply expenses, 2) purchased services, and 3) the direct salary costs for Hospital staff whose time was compensated by the Hospital for time spent participating in activities that qualify as community benefits plus the current fiscal year fringe benefit rate. In addition to subsidized services, indirect costs were applied to a small selection of salaries and services under community health improvement, research, and community benefit operations, but not broadly across all community benefit activity entries.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>The majority of Middlesex Hospital's community based community benefit work is captured under non-community building categories. The Hospital's participation in Community Building activities, however, has a vital role in continuing to promote the health, well-being and safety for residents in its service area. The Hospital offers its resources and expertise to support and strengthen community assets in a variety of programs that fall under the scope of community building. Staff members are highly participative in community partnerships and coalitions, the success of which are greatly enhanced by Hospital collaboration - many community initiatives would not be as effective without the Hospital's administrative and clinical staff in-kind involvement, support and expertise. In FY19 the Hospital's Community Building Activities totaled \$106,069 and served 89 individuals. Examples include (but are not limited to) 1) Disaster Readiness where the Hospital plays a pivotal role by working in collaboration with key community partners to ensure the safety of the community at large during a potential disaster. To prepare for disasters, the Hospital often participates in community disaster preparation and emergency management committees, regular collaborative community education and drills, and hosts yearly radiation drills for the staff of a local nuclear power plant. In addition, the Hospital purchases and stock-piles large quantities of extensive pandemic supplies to be used should a community-wide disaster occur. Included in this stock-pile are medications for infectious disease and chemical exposure curatives. The majority of the value of the supplies, space utilization and costs associated to monitor and replenish pandemic products (within expiration dates) are absorbed by the Hospital. 2) Workforce Development the Hospital's Shoreline Medical Center (SMC) has well-developed educational programs for local students interested in medical careers. Shortages of certain trained medical professionals such as nurses and radiologic technologists served as the impetus for starting these programs. Examples of these educational programs include a) SMC Career Day - an experiential learning event where high school students interact with staff members from a variety of clinical fields and participate in interactive mock demonstrations/simulations, and b) SMC World of Work - an educational experience for middle schools students where students learn about specific healthcare fields and the education required for each specialty. Students also receive demonstrations on health care modalities.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	The Bad Debt Expense amount in Part III, line 2 is based on charges and tied to the Hospital's audited financial statements. The Hospital accounts for discounts and payments on patient accounts in determining bad debt expense by reducing bad debt by recoveries on the Hospital's financials.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	<p>The Hospital estimates that 10% of its Bad Debt expense is attributable to patients eligible under the organization's financial assistance policy. The Hospital has a well-established process with its third party agencies to capture as many patients eligible for financial assistance as possible and awards financial assistance to those patients in collections who are known to qualify. Once in collections, there are two methods which enable patients to receive financial assistance awards: 1) patients either complete a financial assistance application, meet eligibility criteria and are approved, or 2) the third party organizations that work on behalf of the Hospital to collect balances screen for financial assistance eligibility. In order to ensure that all patients in collections are aware of financial assistance availability, the Hospital requires third party organizations to follow the Hospital's policies regarding patient notification about the Hospital's financial assistance program. Within the policy there is a provision whereby collection agencies, using guidelines set forth by the Hospital, assist the Hospital in identifying patients who do not have a means to pay for services and therefore qualify for the Hospital's financial assistance program - while these patients have not gone through the formal application process, they meet the eligibility guidelines for financial assistance as defined by the Hospital. These patients are then transferred and included under the Hospital's financial assistance umbrella. While this process captures the majority of those who are eligible for financial assistance, the Hospital recognizes it will still have a population of patients who could potentially qualify for financial assistance and do not receive awards - those who are uncooperative, unresponsive or have moved away. Bad debt dollars are not included in any of the Hospital's programmatic community benefit values and, while noted, are not included in the Hospital's community benefit totals in any Hospital community benefit publication.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>The Hospital estimates a reserve for uncollectible accounts against its patient accounts receivables. When bad debts are identified, they are accounted for as a component of the Net Patient Revenue provision for bad debts net of recoveries. Page 16 of the Middlesex Health System's Consolidated FY19 Audited Financial Statement states: For receivables associated with self-pay patients which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 8 Community benefit &amp; methodology for determining medicare costs</p>	<p>The Medicare Cost Report is the costing methodology system used to determine the amount reported on Part III, Lines 5 and 6. The Hospital utilizes Worksheet 6 found in the Form 990 Instructions for Schedule H to calculate its subsidized services. The instructions state that "the financial loss is measured after removing losses, measured by cost, associated with bad debt, charity care, Medicaid and other means-tested government programs". Given that Worksheet 6 doesn't suggest removing losses associated with Medicare, a portion of Medicare is included in the Hospital's subsidized service calculations. So as not to double count Medicare values in Part III, Section B, Lines 5 and 6, the portion of Medicare Shortfall included in our subsidized services calculations has been subtracted from the Medicare revenue and costs derived from the Medicare Cost Report. The values indicated in Part III, lines 5 and 6 are therefore what remains after the Medicare revenue and costs included in the subsidized services calculations has been subtracted out. Given this, the resulting values (Part III, lines 5, 6 and 7) would need to be combined with the Medicare revenue/costs included in our subsidized services to get the full overview of Medicare revenue, costs and any remaining shortfall or surplus. We agree with the current subsidized services calculation methodology that allows the inclusion of Medicare dollars as the Medicare population comprises an important segment of those receiving subsidized services care. The Hospital treats all Medicare patients equally and does not discriminate against lower-margin yielding services. As a not-for-profit hospital, Middlesex Hospital is the safety-net in the community for all Medicare patients, regardless of level of Medicare coverage and regardless if a surplus or deficit results. This open access for Medicare patients promotes access to care, a fundamental tenet of the Hospital's community benefit program. There remains a disproportionate percentage of older adults in Middlesex County when compared to state averages. Middlesex Health's 2019 community health needs assessment (CHNA) found that, when extracting the age 65+ population, Middlesex County (18.4%) exceeds Connecticut (16.0%), (Connecticut Data Collaborative, 2013-2017) and the majority of the towns in Middlesex Health's service area continue to have a greater concentration of older adults when compared to Connecticut. The towns of Colchester, Middletown and East Hampton fall below the state average of 16.0%. Marlborough, East Haddam, and Durham are on par with the state average, while Middlefield, Cromwell, Clinton, Deep River, Haddam, Portland, Killingworth, Westbrook, Chester, Old Saybrook, Old Lyme, Essex and Lyme considerably exceed the state average with a range of 18.5%-32.4% age 65+ (Connecticut Data Collaborative, 2013-2017). The trend of a disproportionately higher 65+ older adult population in the majority of towns in Middlesex Health's service area when compared to the state average continues to be evident for population projections for 2020, 2030, and 2040. For 2020, excluding Middletown and Colchester (at 14.3% and 15.2%), the expected growth for age 65+ ranges from 17.3% to 30.0% in the remaining seventeen towns in Middlesex Health's service area compared to 16.1% for Connecticut. For 2030, excluding Middletown (at 14.9%), the expected growth for age 65+ ranges from 19.5% to 34.9% for the remaining eighteen towns in Middlesex Health's service area compared to 17.9% for Connecticut. For 2040, excluding Middletown (at 13.9%), the expected growth for age 65+ ranges from 18.5% to 36.4% in the remaining eighteen towns in Middlesex Health's service area compared to 17.3% for Connecticut (Connecticut State Data Center, 2015-2040 Projections). As Middlesex County has a disproportionate level of community members age 65+ when compared to state averages, the shortfall that the Hospital experiences in providing critical healthcare services to the Medicare population should be considered a community benefit within the Hospital's subsidized services, which those age 65+ also rely heavily on for care. The Hospital fills a healthcare delivery gap for Medicare patients, one which would be detrimental to the community if the Hospital was not present.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>Middlesex Hospital has a written debt collection policy. The policy states that patients who qualify for financial assistance will be responsible for paying any balance remaining after the financial assistance allowance has been applied (that is, if 100% financial assistance has not been awarded). The policy also outlines the process for paying outstanding balances should the patient be found to have the means to pay a partial amount after the Hospital's financial assistance determination criteria has been applied. For such balances, the Hospital will notify the patient of his/her liability. If payment is not made, the policy states that the Hospital will use appropriate methods to pursue collection, which may include collections agencies. This practice is broadly utilized for all patients with outstanding balances. The Hospital makes every effort to ensure that all patients know payment plans are available for any balance, including those patients who have a balance left over after a financial assistance award has been applied. In order to capture the patients who are known to qualify for financial assistance, the Hospital has provisions in its collection policy. In the case where patients who would qualify for financial assistance do not complete a financial assistance application and are placed into collections, the third party organizations that work on behalf of the Hospital to collect balances screen for financial assistance eligibility. The third party organizations follow Hospital policy by alerting all patients in collections to the availability of the Hospital's financial assistance program. Within the Hospital's collection policy there is a provision whereby collection agencies, using guidelines set forth by the Hospital, assist the Hospital in identifying patients who do not have a means to pay for services and therefore qualify for the Hospital's financial assistance program - while these patients have not gone through the formal application process, they meet the eligibility guidelines for financial assistance as defined by the Hospital. These patients are then transferred and included under the Hospital's financial assistance umbrella. This process was put in place by the Hospital in order to capture as many patients who are eligible for financial assistance as possible.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- MIDDLESEX HOSPITAL Line 16a URL <a href="https://middlesexhospital.org/patients-and-visitors/financial-assistance-services">https //middlesexhospital.org/patients-and-visitors/financial-assistance-services,</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- MIDDLESEX HOSPITAL Line 16b URL <a href="https://middlesexhospital.org/patients-and-visitors/financial-assistance-services">https //middlesexhospital.org/patients-and-visitors/financial-assistance-services,</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- MIDDLESEX HOSPITAL Line 16c URL <a href="https://middlesexhospital.org/patients-and-visitors/financial-assistance-services">https //middlesexhospital.org/patients-and-visitors/financial-assistance-services,</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Since the inception of Middlesex Health's Community Benefit Policy in 2007, and prior to the mandate of the Affordable Care Act, conducting a community health needs assessment (CHNA) in order to prioritize specific community benefit initiatives has been a core element of the Hospital's Community Benefit program. In addition to completing a CHNA, the Hospital assesses the needs of the communities it services on an on-going basis through a variety of methods. Examples include understanding the local and state-wide needs derived from 1) participation in community healthcare coalitions and boards, which include strategic planning that is responsive to community need, 2) participation in the state's Hospital Association population and community health initiatives based on state-wide and local community health issues, 3) any real-time community based input, feed-back, recommendations and suggestions, and 4) continuous assessment and adjustments, when necessary, of the Hospital's community benefit programs through surveys and patient/participant feed-back. Having a strong presence in community coalitions and partnerships, in addition to being responsive to the needs expressed by our community residents, allows Middlesex Hospital to continually assess the healthcare needs of our community in between community health needs assessment cycles.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Great concern is taken to ensure that patients are apprised of the availability of federal/state/local government programs and the Hospital's financial assistance plan. Notice of the Hospital's financial assistance program is displayed conspicuously in English and Spanish at the entry of each facility and at all patient registration points. The notification includes an overview of the Hospital's financial aid program, the availability of free bed funds and other financial assistance, sliding scale, and financial counselor contact information. At the time of registration, Hospital Access staff reviews the Hospital's financial assistance program and asks the patient if he/she would like a financial assistance package. Built into the registration database is a required financial assistance field which must be completed as part of the admissions process. Once the patient expresses the desire to receive a financial assistance package, paperwork with patient name and medical record is automatically printed at the registration station and handed to the patient. Other methods of communication to increase awareness regarding the financial assistance and free bed fund program include 1) a financial assistance brochure that aids patients in the process, answers key questions and provides easy access for help (available at multiple hospital departments and locations, including kiosks at every hospital entry point), 2) a separate and distinct Financial Assistance Services section on the Hospital's web-site (<a href="https://middlesexhealth.org/patients-and-visitors/financial-assistance-services">https://middlesexhealth.org/patients-and-visitors/financial-assistance-services</a>) which includes application, instructions, and sliding scale, 3) inclusion of financial assistance information in the Hospital's inpatient admissions booklet, 4) notice of the program and financial counselor contact information on every billing statement, 5) notification at discharge, and 6) a letter outlining the program sent to every self-pay patient following discharge. The Hospital has a team of financial counselors who are available to assist the patient through the application process either by phone or visit. The role of the counselors is to help patients navigate the Hospital's financial assistance process and to aid in application for Medicaid/state programs. All counselors receive departmental training on the importance of assisting patients in need of state/governmental or Hospital financial assistance, the Hospital's financial assistance protocols, systems, new program enhancements, and how to provide support and follow-up for Medicaid/state enrollment. The Hospital's social workers also assist patients with completion of Hospital financial assistance applications as well as Medicaid/state applications. An important addition to Middlesex Hospital's financial assistance process has been the development of the Financial Assistance Workgroup several years ago. Workgroup tasks include increasing awareness regarding financial assistance availability, continuous monitoring of appropriateness, feasibility and accessibility of the Hospital's financial assistance practices, and a comprehensive communications strategy for increasing awareness for financial assistance. In FY19, Middlesex Hospital granted \$2,797,053 of financial assistance to 4,235 unique recipients and absorbed \$28,337,962 in unpaid costs of Medicaid (total of Medicaid including managed care and LIA), serving 19,764 individuals.</p>



Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>Middlesex Hospital is the sole hospital provider in its service area, which includes the large geographic area of Middlesex County and surrounding towns. It encompasses 24 municipalities, including the 15 towns of Middlesex County. Middlesex Hospital Health's service area includes twenty-four municipalities. There are nineteen towns in its primary service area: Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old Saybrook, Portland, and Westbrook (the fifteen towns of Middlesex County) and Colchester, Lyme, Marlborough and Old Lyme, and, five towns in its secondary service area: Guilford, Hebron, Madison, Meriden, and Rocky Hill. By land area, Middlesex County (369 square miles) is the smallest county of the eight counties in Connecticut, and is the sixth in population size (Connecticut Data Collaborative, 2017). Municipality sizes by land mass vary throughout the county, from 54 square miles (East Haddam) to 10 square miles (Essex), with Middletown having 41 square miles of land area. The City of Middletown (ZIP Code 06457) is centrally located 16 miles south of Hartford. The population in Middletown is economically and racially/ethnically more diverse when compared to other municipalities in Middlesex County and is one of the few communities in Connecticut to include urban, suburban, and rural characteristics. Of the total state of Connecticut population (3,588,184), 4.6% (163,410) reside in Middlesex County. With a population of 46,478 (Connecticut Data Collaborative, 2017), Middletown is the largest municipality in Middlesex County. The remaining towns in Middlesex Health's primary service area fall into three population ranges: Colchester, Cromwell, Clinton, East Hampton and Old Saybrook have populations between 10,000 and 16,100, Portland, East Haddam, Haddam, Old Lyme, Durham, Westbrook, Essex, Killingworth, and Marlborough have populations between 5,000 and 9,999, and Chester, Deep River, Middlefield, and Lyme have populations less than 5,000. The Connecticut Office of Rural Health (CT-ORH) defines rural as all towns with a population census of 10,000 or less and a population density of 500 or less people per square mile. Based on this metric, the towns of Chester, Deep River, Durham, East Haddam, Haddam, Killingworth, Lyme, Marlborough, Middlefield, Old Lyme, Portland, and Westbrook are considered rural. For the age distributions, Middlesex County is below state averages in the 0-44 age categories and has a higher percentage of residents in the 45-54, 55-64, 65-74, 75-84, and 85+ age ranges when compared to the state. When extracting age 65+, Middlesex County (18.4%) exceeds Connecticut (16.0%), and the majority of the towns in Middlesex Health's service area continue to have a greater concentration of older adults when compared to Connecticut. The towns of Colchester, Middletown and East Hampton fall below the state average of 16.0%. Marlborough, East Haddam, and Durham are on par with the state average, while Middlefield, Cromwell, Clinton, Deep River, Haddam, Portland, Killingworth, Westbrook, Chester, Old Saybrook, Old Lyme, Essex and Lyme considerably exceed the state average with a range of 18.5% -32.4% age 65+ (Connecticut Data Collaborative, 2013-2017). Middletown has a more diverse demographic relative to the other towns in Middlesex County and resembles Connecticut except in the Hispanic or Latino category, where Middletown has a smaller population. Middlesex County's race and Hispanic or Latino Origin composition is 83.7% White, non-Hispanic, 5.5% Black or African American, non-Hispanic, 6.4% Hispanic or Latino, 3.2% Asian, non-Hispanic, 2.1% two or more races, non-Hispanic (U.S. Census Quick Facts 2017, Vintage 2018 Population Estimates Program). Middletown's race and Hispanic or Latino Origin composition is 69.5% White, non-Hispanic, 13.6% Black or African American, non-Hispanic, 9.2% Hispanic or Latino, 5.6% Asian, non-Hispanic, 2.9% two or more races, non-Hispanic (U.S. Census Quick Facts 2017, Vintage 2018 Population Estimates Program). The median household income in Middlesex County (\$81,673) is higher than the state of Connecticut average (\$73,781) [Connecticut Data Collaborative, 2017]. There is a significant range between the towns in Middlesex County, with Middletown at the lower bound (\$63,914) and Durham at the highest level (\$116,232) [Connecticut Data Collaborative, 2017]. There are significant median household income disparities among the Black or African American Alone (\$44,554 for Middletown and \$47,642 for Middlesex County) and Hispanic or Latino populations (\$47,313 for Middletown and \$71,131 for Middlesex County) when compared to White Alone Not Hispanic or Latino (\$69,509 for Middletown and \$84,402 for Middlesex County) [Connecticut Data Collaborative, 2013-2017]. For poverty status, Middletown's Total (11.3%) and Under 18 (15.5%) poverty rates exceed Connecticut's rate of 10.1% and 13.5%.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>respectively (Connecticut Data Collaborative, 2013-2017), with the towns of Clinton, Colchester, Cromwell, Deep River, Middlefield and Portland experiencing increased poverty rates for the Under 18 category relative to the other towns in Middlesex Hospital's service area. Total and Under 18 poverty rates are significantly more pronounced among the Black or African American Alone (Total 20.3% for Middletown and 17.8% for Middlesex County &amp; Under 18 30.0% for Middletown and 26.9% for Middlesex County) and Hispanic or Latino populations (Total 25.1% for Middletown and 17.4% for Middlesex County &amp; Under 18 27.9% for Middletown and 23.0% for Middlesex County) when compared to White Alone Not Hispanic or Latino (Total 8.0% for Middletown and 5.9% for Middlesex County &amp; Under 18 10.0% for Middletown and 5.6% for Middlesex County) [Connecticut Data Collaborative, 2013-2017]. The educational attainment for Middlesex County mirrors Connecticut, except in the outer bounds (percent of No High School Diploma and percent of Bachelor's Degree or Higher) for Middlesex County which indicate somewhat better rates when benchmarked against Connecticut (American Community Survey (ACS) 5-year, DataHaven Analysis 2017). The unemployment rates for the towns in Middlesex Health's service area are lower than Connecticut's average of 4.1% (Connecticut Data Collaborative, 2018), except for Middletown, which mirrors the state rate. While the majority of towns in Middlesex Health's service area experience a lower housing cost-burden rate (households that spend at least 30% of their annual household income on housing costs) when compared to Connecticut (40.7%), the percentage of households in the towns that are cost-burdened is high, ranging from 26.9% - 35.8%. The towns of Middletown and Westbrook compare to Connecticut, while Clinton, Lyme, Deep River and Old Saybrook exceed the state average with a range of 43.3% - 47.9% experiencing housing cost-burden (Connecticut Data Collaborative, 2013-2017). All towns in Middlesex Health's service area have a lower uninsured rate when compared to Connecticut (6.4%), except Clinton (8.1%), Deep River (8.1%) and Westbrook (6.9%). Deep River is the only town in Middlesex Health's service area that has a slightly lower private insurance rate when compared to Connecticut. All towns in Middlesex Health's service area have a lower percentage of public health insurance when compared to Connecticut (33.4%), except Old Saybrook (41.6%), Lyme (40.1%), Old Lyme (37.2%), Essex (36.7%) and Chester (35.3%), which is likely due to higher Medicare enrollment given the age distribution of those towns (Connecticut Data Collaborative, 2013-2017). In 2019, the percent of hospital discharges for Medicaid/SAGA/Uninsured combined were 18.5% inpatient, 14% outpatient, 31% Emergency Department non-admission, and, for the following services: 40% newborn, 44% inpatient psychiatry, 13% outpatient surgery and 14% other outpatient services. Middlesex County has been designated by the Health Resources and Services Administration (HRSA) to be a Medically Underserved Area experiencing a shortage of select health services which include a lack of access to primary care services.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>As Middlesex Hospital is a community hospital, involving community members in key functions has always been a priority. Middlesex Hospital's Board is comprised mainly of community members who are neither employees, family members nor contractors of the organization, but are long-term residents whose primary interest is the health and well-being of the community at large. Middlesex Hospital extends medical staff privileges to all qualified physicians in the community based on the Hospital's current and projected patient care, teaching and research needs, and overall community need. Medical staff input and participation is highly valued by the Hospital as evidenced by inclusion in the hospital's Medical Executive Committee, the Medical Staff Council and countless other working committees. Middlesex Hospital has a formal process for allocation of surplus funds, a multidisciplinary Capital Budgeting Committee meets and sets priorities for investments in patient care, education and research, and physical structure. The approach takes into consideration patient, community and staff needs. Each year the hospital allocates a portion of surplus funding to a wide array of community benefit programs and service lines, including substantial health and wellness activities and initiatives, subsidized services, medical education, research and health assessment costs. Continuous dedication to the communities it serves remains the hallmark of Middlesex Hospital's vision, mission, and strategic planning. Ambitious community benefit goals, the incorporation of community benefit into annual organizational planning, and the provision of community benefit programs that target the community's most vulnerable and at-risk populations has allowed the Hospital to put a formal structure around its fundamental purpose. The hospital's community benefit total for FY19 was \$61,418,225 (excluding Community Building) with 76,321 served (excluding Community Building). The following is an overview of the Hospital's community benefit program: Community Health Improvement Services. The Hospital underwrites a vast range of community health education and health improvement programs, none of which are developed for marketing purposes, all of which are supported as a means of fulfilling the Hospital's mission to serve its community. Almost 100% of the time these services are offered free of charge, in the rare instance where a nominal fee is assessed the cost of providing the service is not covered. Community health education is provided to the community at large. Some of the programs represent one-time events, however most are ongoing and over the years have become entrenched in the community as a source of support and continued education for a healthful future. Examples of Community Health Improvement Services include (but are not limited to): 1) Health education (community education presentations, health and wellness events/health fairs, support groups, large scale cancer awareness and educational events, and the availability of health literature), 2) Community-based clinical services (clinics and screenings, annual flu shots, blood pressure clinics), and 3) Healthcare support services offered to increase access and quality of care to individuals, especially those living in poverty and/or other vulnerable populations (Center for Chronic Care Management disease management outpatient programs for adult asthma, child asthma, diabetes education and disease management, medical nutrition therapy, smoking cessation, chronic heart failure, and childhood weight management). In FY19, the Hospital's Community Health Improvement Services served 14,961 individuals at a total cost of \$6,301,720 to the Hospital. Health Professions Education: Helping to prepare future health care professionals is a long-standing commitment of Middlesex Hospital and distinguishing characteristic that constitutes a significant community benefit. The Hospital's Family Medicine Residency Program graduates Family Practice physicians, many of whom continue to practice in the Middlesex County area after their training is complete. This is especially important given that Middlesex County has been designated by the Health Resources and Services Administration (HRSA) to be a Medically Underserved Area (MUA) experiencing a shortage of select health services which includes too few primary care providers. In addition, HRSA reports that Middlesex County is a Health Professional Shortage Area (HPSA) for primary medical care. The Hospital also welcomes medical and nursing student interns and provides on-site training during clinical rotations. Nursing students from local colleges and programs receive hands-on mentorship in the majority of clinical service lines year-round. Other healthcare professional education includes the Hospital's Radiology School (which operates at a loss for the Hospital) and clinical/non-clinical educational student training in multiple fields. In FY19, the Hospital's</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Health Professions Education category served 1,396 individuals at a total cost of \$11,615, 722 to the Hospital Subsidized Health Services The Hospital's subsidized health services represent a significant portion of Middlesex Hospital's annual community benefit aggregate financials and numbers served Subsidized services are particular clinical programs provided to the community despite a financial loss, with negative margins remaining after specific dollars (financial assistance and bad debt) and shortfalls (Medicaid) are removed In order to qualify as a subsidized service, the program must meet certain health delivery criteria, meet an identified need in the community, and would become unavailable or the responsibility of a governmental or another not-for-profit agency to provide if the Hospital discontinued the service Middlesex Hospital's subsidized services include Family Practice services, Behavioral Health (inpatient and outpatient), Homecare, Paramedics, Hospice, Diabetes Education, and Wound Care In FY19 the Hospital's subsidized services served 32,406 people with a total cost of \$11,452,830 to the Hospital Research Middlesex Hospital conducts research in the domains of clinical and community health Clinical examples include national trials by the Hospital's Cancer Center for breast, lung, prostate, colorectal, among others For FY19, the Hospital's associated costs for all (non-industry) research projects totaled \$343,901 and served 31 individuals Financial and In-Kind Contributions Middlesex Hospital supports the community in the form of financial and in-kind contributions The Hospital's in-kind contributions include equipment, food, linens and medical supplies that are donated both locally and globally Other in-kind donations include cafeteria discounts for YMCA residents and staff coordination of community support drives The Hospital's main campus and satellite locations make meeting space available, free-of-charge and on an on-going basis, for many community groups that would otherwise struggle to pay for space In addition, each year the Hospital makes substantial cash donations to carefully selected mission-driven community organizations throughout its service area The Hospital's FY19 support for financial and in-kind contributions totaled \$316,402, serving 3,528 individuals Community Benefit Operations Community Benefit Operations include activities and costs associated with community benefit strategic planning, administration, annual goal attainment, and community health needs assessment production and implementation Middlesex Hospital has a dedicated Director of community benefit and a reporting structure that oversees community benefit planning and operations Outside of on-going community benefit activities, key components of the Hospital's community benefit program is conducting a community health needs assessment and developing a CHNA implementation strategy every three taxable years, ensuring that the CHNA implementation strategy goals are addressed through collaboration with community partners, and focusing on health equity and health-related social needs The Hospital's FY19 Community Benefit Operations expense totaled \$252,635</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	CT

**Additional Data****Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 06-0646718**Name:** Middlesex Hospital**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	MIDDLESEX HOSPITAL 28 CRESCENT STREET MIDDLETOWN, CT 06457 WWW.MIDDLESEXHOSPITAL.ORG 000069	X	X		X			X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - MIDDLESEX HOSPITAL In addition to the elements selected in Part V, line 3, the Middlesex Health 2019 Community Health Needs Assessment (CHNA) examined how social determinants of health and health disparities impact health outcomes The report continued to raise awareness about health-related social needs, well-being and quality of life, health disparities, and, vulnerable populations Achieving health equity - the attainment of the highest level of health for all people - starts with asking the appropriate questions relative to determinants of health and how they disproportionately affect certain groups of people, next steps involve addressing the conditions that prevent the realization of good health for these vulnerable or marginalized groups Through examination of the influence of determinants of health, it is possible to develop strategies that eliminate persistent and pervasive health disparities, promote health equity, improve health outcomes and reduce financial cost



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - MIDDLESEX HOSPITAL When completing its 2019 Community Health Needs Assessment (CHNA), Middlesex Hospital took into account input from representatives of its community served, including those with special knowledge of or expertise in public health. A Community Health Needs Assessment Advisory Committee was formed to provide input and guidance throughout the process, including review of the study's components, review and input on the key informant survey, assistance with service area-wide key informant survey dissemination, review and input on community resources and assets, and final study review. The Advisory Committee was comprised of stakeholders representing the broad interests of the community, including local health departments, health care organizations (including medical and behavioral), community based organizations, schools, municipalities, foundations, advocacy groups, faith-based organizations and public safety. An effort was made to ensure that medically underserved, low-income and minority populations were represented (see CHNA Report, Appendix - Table A1 - which sets forth represented sectors/communities). To capture broad community input on health needs, social determinants of health and health equity, Middlesex Hospital administered its key informant survey through the online SurveyMonkey format. A focus on social determinants of health and health equity remained as integral sections of the 2019 survey. The 14 question survey was administered through the online SurveyMonkey format and included two separate and distinct URLs for the Community and Middlesex Hospital staff. Surveying staff was included, as they live and work in the Hospital's service area. The surveys were open for completion for a four week time period. The Community e-survey was extensively disseminated to an array of sector contacts in Middletown, Middlesex County and the periphery towns of Middlesex Hospital's primary service area in order to ensure responses from a wide range of representative community members and leaders with diverse backgrounds, perspectives and first-hand knowledge about their communities. Sectors included advocacy groups, alliances/coalitions, the business community, educational institutions, community based organizations, community residents, elected officials, faith-based organizations, foundations, health care organizations (including medical and behavioral), local health departments, mental health organizations, primary care/family medicine practices, public safety organizations (police, fire, emergency management), social services, substance treatment facilities, and youth and family services. Community Health Needs Assessment Advisory Committee members were asked to broadly share the community survey link, and all survey recipients were invited to share the link with co-workers/colleagues, friends and family or anyone who lives or works in Middlesex County. The specific Middlesex Hospital e-survey was sent to leadership.</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	p e-distribution lists (executive staff, directors, managers, supervisors) with a request to share the explanation of purpose and survey URL with individual departmental staff e-di stribution lists A total of 427 surveys were completed, with 239 completed by the Communi ty and 188 completed by Middlesex Hospital staff The Community and Middlesex Hospital res ponse results were analyzed separately and included throughout the CHNA

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - MIDDLESEX HOSPITAL Middlesex Hospital posted its 2019 CHNA on its web-site ( <a href="https://middlesexhealth.org/middlesex-and-the-community/serving-our-community/community-health-needs-assessment">https //middlesexhealth org/middlesex-and-the-community/serving-our-community/community-health-needs-assessment</a> ) and electronically distributed it through the following dissemination channels the CHNA Advisory Committee, key informant community partners, community members, and existing Hospital-community based partnership distribution lists Recipients were encouraged to widely share the assessment Electronic copies were also distributed to Middlesex Hospital leadership, management staff, medical staff, board of directors, and staff through inclusion in Middlesex Hospital's weekly electronic newsletter Hard copies of the CHNA were handed out at the Middlesex Health CHNA Implementation Strategy Community Conversation (held on January 28, 2020) and will continue to be provided upon request

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - MIDDLESEX HOSPITAL Middlesex Hospital's 2016 CHNA Implementation Strategy had four broad priority areas (mental health, substance abuse, aging population, and asthma), and each had specific goals. The actions taken to address the significant health needs identified in the Hospital's previous CHNA (2016) include:</p> <ul style="list-style-type: none"> <li>Goal 1) Mental Health <ul style="list-style-type: none"> <li>Goal 1.1 Improve access to mental health services through interprofessional collaborative practice. To achieve this goal, Middlesex Health implemented an evidence-based integrated care model for mental health treatment within the primary care setting. Mental health clinicians, who are primarily Licensed Clinical Social Workers, are embedded in select primary care offices within the Middlesex Health system. Patients can be referred to therapy within the primary care practice where they receive psychotherapy to address a myriad of issues including depression, anxiety, grief, and trauma. Immediate warm hand-offs between primary care providers and mental health providers can also occur after the primary care visit. The embedded mental health clinicians consult with a staff psychiatrist on a weekly basis to review cases.</li> <li>Goal 1.2 Provide specialized mental health treatment for high risk populations. Action steps included: <ul style="list-style-type: none"> <li>1) developing the service where, through assessment and intervention, young adults are able to regain and sustain functioning, and remain safe and healthy,</li> <li>2) renovation of office space in order to accommodate the expansion, and</li> <li>3) hiring psychiatrists specializing in young adult care.</li> </ul> </li> </ul> </li> <li>Goal 2) Substance Abuse <ul style="list-style-type: none"> <li>Goal 2.1 Develop a treatment program for high-risk patients experiencing severe alcohol use disorders. In order to accomplish this goal, an inpatient unit dedicated solely to patients experiencing acute alcohol withdrawal requiring medical care was created. The unit was identified, protocols were established and staff education was provided. Results have been highly positive, including: <ul style="list-style-type: none"> <li>1) no patients requiring transfer to the intensive care unit (ICU) during program launch (compared to a 40% ICU transfer prior to program launch),</li> <li>2) improved patient satisfaction,</li> <li>3) increased patient engagement in outpatient care after discharge,</li> <li>4) increased staff satisfaction, and</li> <li>5) reduction in staff and patient injuries.</li> </ul> </li> <li>Goal 2.2 A) Develop and launch an opioid awareness campaign, B) Increase access to naloxone for patients at high risk for opioid overdose. In November 2017, Middlesex Health piloted a naloxone kit distribution program in its Middletown emergency department (ED) where the ED and pharmacy staff collaborated to develop a naloxone kit distribution policy and pathway. In early 2019, through a grant partnership between the Connecticut Hospital Association and the Department of Mental Health and Addiction Services (DMHAS), Middlesex Health elected to participate in this opportunity and expanded its pilot program of offering Narcan to-go kits to all its ED sites. Middlesex Health is a</li> </ul> </li> </ul>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Iso involved in the DMHAS-funded "How Can We Help?" initiative, a partnership between the Ministerial Health Fellowship, Columbus House and Middlesex Health which provides recovery coach services to survivors of an opioid overdose, individuals at-risk of an opioid overdose, individuals struggling with opioid use, and families of those struggling with opioid use</p> <p>Goal 3) Aging Population Design and implement interventions to promote healthy aging in place and improve outcomes for the aging population</p> <p>The GOT Care! (Geriatrics Outreach and Training with Care) pilot program was successfully completed in June of 2017, followed by a period of required reporting and journal article development to broadly disseminate the model of care and successful outcomes</p> <p>Program design continues to be underway through</p> <ol style="list-style-type: none"> <li>1) assessment of existing geriatric service capacity as well as organizational strengths and barriers,</li> <li>2) data review from a doctoral dissertation which evaluated GOT Care! outcomes,</li> <li>3) collaboration with a health care economist to conduct a cost/benefit analysis, and</li> <li>4) development of a strategic plan to guide the process of designing an interprofessional practice geriatric service line, starting with the in-home comprehensive geriatric assessment</li> </ol> <p>Goal 4) Asthma Improve asthma outcomes by meeting the Connecticut Asthma Initiative goals</p> <p>In 2016, the Middlesex County Asthma Coalition was formed, with Middlesex Health serving as administrative lead under its Center for Chronic Care Management</p> <p>The objective of the coalition is to work collaboratively to address areas of identified asthma need with a focus on those who are most at-risk</p> <p>An initial area of focus was increasing the use of asthma action plans and promoting patient education techniques for asthma management</p> <p>Since August 2018, the Connecticut River Area Health District, the Connecticut Department of Public Health and Middlesex Health have been partnering on the Putting in Airs initiative, an asthma home visiting program for children and adults in the defined service area who have poorly controlled asthma</p> <p>Middlesex Hospital recognizes that it cannot focus on every health and social need identified in its previously conducted community health needs assessment and is therefore committed to allocating resources and in-kind time to the highest areas of identified need and/or areas with greatest potential for impact and feasibility (the selected priority areas)</p> <p>Resource constraints prevent the Hospital from addressing every need, and in many cases, other local community based organizations may be better suited to take a leadership role in improving certain health outcomes</p> <p>As with our previous community health needs assessments, the Hospital will continue to be a willing partner, when able, for initiatives not related to its selected CHNA implementation strategy priority areas</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - MIDDLESEX HOSPITAL Middlesex Hospital's sliding scale outlines the factors that it uses to determine financial assistance determinations the Federal Poverty Income Guidelines and number of persons in household

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

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
Middlesex Hospital

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Employer identification number  
06-0646718

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The Public Relations department has a policy regarding which organizations they are willing to partner with and give grants or assistance. Then once the grant or assistance is awarded the Public Relations department works closely with each of the organizations to ensure that the grant or assistance is used for the intended purposes. This is done by contact and attendance at the sponsored events.



**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 06-0646718  
**Name:** Middlesex Hospital

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Community Foundation of Middlesex County 211 South Main Street Middletown, CT 06457	06-1477711	501(c)(3)	5,000				General Support
Middlesex County Chamber of Commerce Inc 393 Main Street Middletown, CT 06457	06-0452410	501(c)(6)	48,000				General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Florida Hospital Association RESEARCH AND EDUCATION FOUNDATION 307 Park Lake Circle Orlando, FL 32803	59-6151162	501(c)(3)	10,000				General Support
HEALTH ASSISTANCE INTERVENTION EDUCATION NETWORK FOR CONNECTICUT 1210 Mill Street East Berlin, CT 06023	51-0642913	501(c)(3)	5,000				General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Eugene O'Neill Theater 305 Great Neck Road Waterford, CT 06385	06-6070900	501(c)(3)	14,500				General Support
Friends of Long Hill Estate 421 Wadsworth Street Middletown, CT 06457	06-1546991	501(c)(3)	5,000				general support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Connecticut River Museum 67 Main Street Essex, CT 06426	23-7417579	501(c)(3)	5,000				General Support

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Middlesex Hospital

Employer identification number  
06-0646718

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>		No		
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	TRAVEL FOR COMPANIONS - THE HOSPITAL'S POLICY PROVIDES FOR SPOUSAL OR "SIGNIFICANT OTHER" TRAVEL IN CERTAIN INSTANCES RELATED TO BUSINESS ACTIVITIES AND PRESCRIBES THE PROPER TAX TREATMENT OF THAT BENEFIT. THIS BENEFIT IS TREATED AS TAXABLE COMPENSATION WHEN APPLICABLE. EVAN JACKSON SUSAN MARTIN VINCENT CAPECE

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	SOCIAL CLUB DUES - REPRESENTS A CORPORATE MEMBERSHIP AT A GOLF CLUB USED FOR VARIOUS BUSINESS PURPOSES THE ASSOCIATED COST IS INCLUDED IN THE TAXABLE COMPENSATION OF THE EXECUTIVE STAFF MEMBER (VINCENT CAPECE) ACCORDING TO IRS RULES AND REGULATIONS



<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 1a Personal services	REPRESENTS TAX PLANNING AND/OR TAX PERSONAL SERVICES - PREPARATION FEES FOR ONE MEMBER OF THE EXECUTIVE STAFF THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION EVAN JACKSON



Schedule J (Form 990) 2018

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 06-0646718  
**Name:** Middlesex Hospital

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
VINCENT CAPECE JR PRESIDENT/CEO	(i)	730,342	253,050	279,518	244,671	40,785	1,548,366	251,283
	(ii)	0	0	0	0	0	0	0
SUSAN MARTIN VP FINANCE/TREASURER	(i)	408,504	98,000	37,257	35,817	28,975	608,553	18,197
	(ii)	0	0	0	0	0	0	0
GREGORY NOKES VP HUMAN RESOURCES	(i)	29,301	80,000	46,480	0	161	155,942	27,980
	(ii)	0	0	0	0	0	0	0
JESSE WAGNER MD VP QUALITY AND PATIENT SAFETY	(i)	414,146	113,150	64,895	64,760	37,775	694,726	46,395
	(ii)	0	0	0	0	0	0	0
JONATHAN BANKOFF CHAIRMAN EMERGENCY MEDICINE	(i)	397,830	37,750	0	16,085	29,912	481,577	0
	(ii)	0	0	0	0	0	0	0
RACHEL LOVINS CHIEF DEPT OF MED	(i)	366,118	47,000	2,077	16,200	32,647	464,042	0
	(ii)	0	0	0	0	0	0	0
DAVID GIUFFRIDA VP FACILITIES AND SUPPORT SERVICES	(i)	280,087	87,000	48,020	47,995	16,451	479,553	29,520
	(ii)	0	0	0	0	0	0	0
JACQUELYN CALAMARI VP PATIENT CARE SERVICES/CNO	(i)	278,233	68,000	47,252	21,600	24,744	439,829	29,260
	(ii)	0	0	0	0	0	0	0
EVAN JACKSON VP STRATEGIC PLANNING AND CIO	(i)	289,302	77,000	20,532	44,272	32,208	463,314	0
	(ii)	0	0	0	0	0	0	0
DONNA STRONESKI VP HUMAN RESOURCES	(i)	258,273	62,000	0	38,030	5,542	363,845	0
	(ii)	0	0	0	0	0	0	0
THEODORE HARTENSTEIN MEDICAL DIRECTOR, UTILIZATION MANAGEMENT	(i)	390,256	40,000	0	8,143	31,655	470,054	0
	(ii)	0	0	0	0	0	0	0
JEFFREY SHELTON CHAIRMAN DEPT PSYCH	(i)	365,048	53,500	0	11,159	21,814	451,521	0
	(ii)	0	0	0	0	0	0	0
MATTHEW DOLAN Emergency Medicine MD	(i)	335,926	75,275	0	5,400	12,957	429,558	0
	(ii)	0	0	0	0	0	0	0
BRIAN MCGUIRE MEDICAL DIRECTOR ED	(i)	284,725	104,664	18,500	15,702	32,512	456,103	0
	(ii)	0	0	0	0	0	0	0
DAVID ANTMAN Emergency Medicine MD	(i)	287,341	86,754	0	12,980	31,091	418,166	0
	(ii)	0	0	0	0	0	0	0

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Middlesex Hospital

Employer identification number

06-0646718

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> STATE OF CT HEALTH & EDUCATIONAL FACILITIES AUTH	06-0806186	20774YAW7	07-26-2011	33,803,383	SERIES N REFINANCE 10/9/1997 (SERIES H & I)	X			X		X
<b>B</b> State of CT Health & Educational Facilities Authority	06-0806186	20774YWD5	05-19-2015	19,491,965	SERIES O Refinance 12/7/2006 (Series L)		X		X		X
<b>C</b> STATE OF CT HEALTH & EDUCATIONAL FACILITES AUTHORITY	06-0806186	000000000	06-10-2016	9,683,000	SERIES P REFINANCE 6/10/2016 (SERIES M)		X		X		X
<b>D</b> STATE OF CT HEALTH & EDUCATIONAL FACILITIES AUTH	06-0806186	000000000	11-21-2017	9,069,272	SERIES Q REFINANCE 10/26/2010 (SERIES N)		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	16,740,000		2,455,000		2,693,767		322,611	
<b>2</b>	Amount of bonds legally defeased . . . . .	7,600,000		0		0		0	
<b>3</b>	Total proceeds of issue . . . . .	33,803,651		19,491,965		9,683,000		9,366,990	
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0		0		0	
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0		0		0	
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0		8,397,800	
<b>7</b>	Issuance costs from proceeds . . . . .	537,971		388,960		193,660		181,425	
<b>8</b>	Credit enhancement from proceeds . . . . .	0		0		0		0	
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0		0		0	
<b>10</b>	Capital expenditures from proceeds . . . . .	0		0		0		0	
<b>11</b>	Other spent proceeds . . . . .	33,265,690		19,103,010		9,489,340		788,341	
<b>12</b>	Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b>	Year of substantial completion . . . . .	2011		2015		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X			X		X		X
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X		X		X	
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X			X
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .				X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .				X				

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .				X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .				X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶			0 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶			0 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .				X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .				X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .			X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X		X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part II, Line 3 COLUMN A and Column D Bonds	THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS IS investment earnings

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part III Column B and Column C Bonds	The organization has determined that all management / service contracts meet the safe harbor under Rev Proc 2017-13, 2017-6 I R B 787

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part VI Supplemental Information	Series N bonds were split between Middlesex Health Services which issued \$5,637,382 and Middlesex Hospital which issued \$33,803,383



<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part VI Supplemental Information	Series Q bonds were split between Middlesex Health Services which issued \$2,529,728 and Middlesex Hospital which issued \$9,069,272

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN A	Issuer name STATE OF CT HEALTH & EDUCATIONAL FACILITIES AUTH The calculation for computing no rebate due was performed on 07/26/2016

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

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Middlesex Hospital

Employer identification number  
06-0646718

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANNE CALAMARI - LCSW COORDINATOR	FAMILY MEMBER of J CALAMARI	136,004	Employment Arrangement		No
(2) GUIFFRIDA ELECTRIC CO	Entity more than 35% owned by FAMILY MEMBER of D GUIFFRIDA, a key employee	1,052,011	Independent Contractor Arrangement		No
(3) Ruth Wagner - Registered Nurse	Family Member of J Wagner, a key employee	84,407	Employment Arrangement		No

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule L, Part IV RELATED PARTIES	ANNE CALAMARI, LCSW COORDINATOR, IS THE DAUGHTER OF JACQUELYN CALAMARI, VP NURSING ANNE CALAMARI'S WAGES FOR 10/01/18 TO 09/30/19 TOTALED \$136,004 COS GUIFFRIDA AND GIULIO GUIFFRIDA, FATHER AND UNCLE OF DAVID GUIFFRIDA, RESPECTIVELY, ARE OWNERS OF GUIFFRIDA ELECTRIC GUIFFRIDA ELECTRIC PROVIDES ELECTRICAL CONTRACTING SERVICES TO MIDDLESEX HOSPITAL SINCE 1970 AMOUNTS PAID BY THE HOSPITAL FOR SERVICES RENDERED DURING FY19 TOTALED \$1,052,011 RUTH WAGNER, CCU REGISTERED NURSE, IS THE WIFE OF JESSE WAGNER, VP QUALITY & SAFETY RUTH WAGNER'S WAGES FOR 10/01/18 TO 09/30/19 TOTALED \$84,407

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Middlesex Hospital

Employer identification number  
06-0646718

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	4	149,013	Other - Selling Price
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - Reporting on count of donors

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

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization  
Middlesex Hospital

Employer identification number

06-0646718

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	<p>RELATIONSHIPS WITH SPECIALIZED PROVIDERS TO ASSURE COORDINATION OF CARE WHEN SERVICES ARE NOT LOCALLY AVAILABLE AN INTEGRAL PART OF THE CORE PROGRAMS, SPANNING THEIR TRADITIONAL DIAGNOSTIC AND TREATMENT SERVICES, ARE THE SCORES OF SPECIAL PROGRAMS OFFERED TO THE COMMUNITIES SERVED, MANY OF WHICH FOCUS ON THE DISADVANTAGED AND UNDERSERVED, THOSE SPECIAL POPULATIONS SUCH AS MINORITIES, OLDER PERSONS, PERSONS LIVING IN POVERTY WITH DISABILITIES, CHRONICALLY MENTALLY ILL PERSONS, AND OTHER DISENFRANCHISED PERSONS MANY OTHER SPECIAL PROGRAMS WITH A FOCUS TO REACH OUT TO ALL MEMBERS OF THE COMMUNITY REGARDLESS OF ECONOMIC CONDITION OR SOCIAL STATUS RESPOND TO PUBLIC HEALTH NEEDS AND INVOLVE EDUCATION OR RESEARCH THAT IMPROVES OVERALL COMMUNITY HEALTH ALL OF THESE SPECIAL PROGRAMS ARE OFFERED FREE OF CHARGE OR OFFERED AT A RATE THAT IS CONSIDERABLY LESS THAN THE COST OF PROVIDING THEM</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	JEAN D'AQUILA & CHANDLER HOWARD - Business relationship, VINCENT CAPECE & CHANDLER HOWARD - Business relationship



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE MEMBER OF THE HOSPITAL IS MIDDLESEX HEALTH SYSTEM, INC

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE SOLE MEMBER, MIDDLESEX HEALTH SYSTEM, INC HAS THE RIGHT TO ANNUALLY ELECT THE BOARD OF DIRECTORS OF THE HOSPITAL

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE SOLE MEMBER, MIDDLESEX HEALTH SYSTEM, INC , HAS ALL RIGHTS CONFERRED BY LAW, THE CERTIFICATE OF INCORPORATION AND MIDDLESEX HOSPITAL BY-LAWS, BY VOTE OF ITS BOARD OF DIRECTORS, ITS PRESIDENT, OR BY OR THROUGH ANY OTHER PERSON(S) DESIGNATED BY ITS BOARD OF DIRECTORS ON ITS BEHALF

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	A DRAFT COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER FOR THEIR REVIEW AND CHANGES FROM PRIOR YEAR ARE HIGHLIGHTED ANY QUESTIONS OR COMMENTS THEY HAVE ARE PRESENTED TO EXECUTIVE MANAGEMENT A COMPLETE COPY OF THE FINAL FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	CONFLICT OF INTEREST FORMS ARE DISTRIBUTED ANNUALLY TO KEY EMPLOYEES, OFFICERS AND THE BOARD OF DIRECTORS RESPONSES ARE RETURNED TO, TRACKED, AND REVIEWED BY THE COMPLIANCE OFFICE MATERIAL CONFLICTS ARE REPORTED TO THE AUDIT COMMITTEE FOR REVIEW AND DETERMINATION IN ADDITION TO COMPLETING THE ANNUAL CONFLICT OF INTEREST FORM, BOARD MEMBERS MUST IMMEDIATELY DISCLOSE ANY INTEREST AND ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS, AS THEY OCCUR THE BOARD THEN REVIEWS THE FACTS AND MAKES THE DETERMINATION AS TO WHETHER A SIGNIFICANT CONFLICT OF INTEREST EXISTS IF SO, THE BOARD FOLLOWS DISABLING GUIDELINES TO DETERMINE IF THE BOARD MEMBER SHOULD BE ASKED TO RESIGN OR BE REMOVED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE COMPENSATION OF THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE THE COMMITTEE HAS A CHARTER AND A POLICY STATEMENT SETTING FORTH A PROCESS AND CERTAIN GUIDELINES FOR DETERMINING COMPENSATION WHICH INCLUDES A BASE SALARY AND AND INCENTIVE COMPENSATION WITHIN A RANGE SET BY THE POLICY FOLLOWING THE CLOSE OF EACH FISCAL YEAR, THE COMMITTEE RECEIVES MARKET ANALYSIS FROM AN INDEPENDENT CONSULTANT REGARDING COMPENSATION AT PEER GROUPS OF COMPARABLE HOSPITALS AND HEALTH SYSTEMS COMPENSATION IS COMPARED TO BENCHMARKS WITH RESPECT TO CASH COMPENSATION AND TOTAL COMPENSATION INCLUDING FRINGE BENEFITS THE INDEPENDENT CONSULTANT PROVIDES A WRITTEN OPINION ANNUALLY CONFIRMING THAT THE COMPENSATION AS ADJUSTED BY THIS PROCESS, IS "REASONABLE" WITHIN APPLICABLE IRS GUIDELINES THE COMPENSATION IS APPROVED BY THE COMMITTEE AND DOCUMENTED IN THE MINUTES THE LAST COMPENSATION REVIEW OCCURRED 12/2018

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE WHICH HAS A CHARTER AND A POLICY STATEMENT SETTING FORTH A PROCESS AND CERTAIN GUIDELINES FOR DETERMINING COMPENSATION, WHICH INCLUDES A BASE SALARY AND THE OPPORTUNITY FOR INCENTIVE COMPENSATION WITHIN A RANGE SET BY THE POLICY FOLLOWING THE CLOSE OF EACH FISCAL YEAR, THE COMMITTEE RECEIVES MARKET ANALYSIS FROM AN INDEPENDENT CONSULTANT REGARDING COMPENSATION AT PEER GROUPS OF COMPARABLE HOSPITALS AND HEALTH SYSTEMS POSITIONS WITHIN THE EXECUTIVE TEAM ARE COMPARED TO BENCHMARK POSITIONS BOTH WITH RESPECT TO CASH COMPENSATION AND TOTAL COMPENSATION INCLUDING FRINGE BENEFITS THE CEO RECOMMENDS THE INCENTIVE AWARDS AND BASE SALARY ADJUSTMENTS TO THE COMPENSATION OF THE EXECUTIVES WHO REPORT TO HIM, AND THE COMMITTEE REVIEWS THOSE RECOMMENDATIONS, AND APPROVES OR MODIFIES THEM THE CONSULTANT PROVIDES A WRITTEN OPINION ANNUALLY CONFIRMING THAT THE COMPENSATION OF THE EXECUTIVES, AS ADJUSTED BY THIS PROCESS, IS "REASONABLE" WITHIN APPLICABLE IRS GUIDELINES THE COMPENSATION OF THESE OTHER OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE COMMITTEE AND DOCUMENTED IN THE MINUTES THE LAST COMPENSATION REVIEW OCCURRED 12/2018

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	MIDDLESEX HOSPITAL MAINTAINS A QUALITY AND COMPLIANCE SECTION ON ITS WEBSITE, MIDDLESEXHOSPITAL.ORG THE HOSPITAL POSTS THE MOST CURRENT AUDITED FINANCIAL STATEMENTS AND FORM 990 WITH THOSE OF OTHER AFFILIATES AS THEY BECOME AVAILABLE, AS WELL AS STATEMENTS AND FORMS FROM AT LEAST TWO PREVIOUS FISCAL YEARS THE HOSPITAL'S CONFLICT OF INTEREST POLICY IS ALSO POSTED ON THE WEBSITE IN THE VENDORS AND SUPPLIERS SECTION IN ADDITION, THE ORGANIZATION'S FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG AND UPON REQUEST



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	all Other Revenue - Total Revenue 3022899, Related or Exempt Function Revenue 3003343, Unrelated Business Revenue 19556, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	EXPENDITURES FROM RESTRICTED FUNDS - -1284000, Transfer to System - -10698000, Transfer from Resources - 260000, Transfer from Primary Care - 496000, Change in Assets Held in Trust - 75125,

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Middlesex Hospital

**Employer identification number**

06-0646718

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> MIDDLESEX HEALTH SYSTEM INC 28 CRESCENT STREET  MIDDLETOWN, CT 06457 22-2676137	SUPPORT	CT	501(c)(3)	Type II	NA		No
<b>(2)</b> MIDDLESEX HEALTH SERVICES INC 28 CRESCENT STREET  MIDDLETOWN, CT 06457 22-2676140	ASST LIVING	CT	501(c)(3)	10	MIDDLESEX HEALTH SYSTEM		No
<b>(3)</b> MIDDLESEX HOSPITAL FOUNDATION 28 CRESCENT STREET  MIDDLETOWN, CT 06457 27-3720822	SUPPORT	CT	501(c)(3)	Type II	MIDDLESEX HOSPITAL	Yes	
<b>(4)</b> MHS PRIMARY CARE INC 28 CRESCENT STREET  MIDDLETOWN, CT 06457 06-1472743	HEALTHCARE	CT	501(c)(3)	Type II	MIDDLESEX HEALTH SYSTEM		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> MIDDLESEX HEALTH RESOURCES INC 28 CRESCENT STREET MIDDLETOWN, CT 06457 06-1089925	HEALTHCARE	CT	MIDDLESEX HEALTH SYSTEM	C Corporation					No
<b>(2)</b> INTEGRATED RESOURCES FOR THE MIDDLESEX AREA LLC 28 CRESCENT STREET MIDDLETOWN, CT 06457 06-1462230	OUTPATIENT CARE	CT	MIDDLESEX HEALTH SYSTEM	C Corporation					No

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>