

ENVELOPE
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Form **990-T**

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

OMB No 1545-0087

2017

For calendar year 2017 or other tax year beginning 10/01, 2017, and ending 9/30, 2018

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

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

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if
address changed

☐ Check box if name changed and see instructions.

B Exempt under section

Print
or
Type

Western Connecticut Medical Group, Inc.
14 Research Drive 201A
Bethel, CT 06801

☒ 501(c)(3) ☐ 501(c)(6)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

D Employer identification number
(Employees' trust, see
instructions)

06-1137531

E Unrelated business activity
codes (See instructions)

621400 623000

C Book value of all assets at
end of year

55,642,980.

F Group exemption number (See instructions)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.

Admin oversight-Davita, Lutheran Home, etc.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No

If 'Yes,' enter the name and identifying number of the parent corporation... Western CT Health Network 22-2994977

J The books are in care of Karen Darcy

Telephone number (203) 739-4593

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1 a Gross receipts or sales	1c		
b Less returns and allowances			
c Balance			
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)			
See Statement 1	12	475,624.	475,624.
13 Total. Combine lines 3 through 12	13	475,624.	0.
			475,624.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	383,107.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	891.
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	46,126.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	4,884.
29 Total deductions. Add lines 14 through 28	29	435,008.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	40,616.
31 Net operating loss deduction (limited to the amount on line 30)	31	12,343.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	28,273.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	27,273.

BAA For Paperwork Reduction Act Notice, see instructions.

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).
(1) \$ 0. (2) \$ 0. (3) \$ 0.
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0.
(2) Additional 3% tax (not more than \$100,000) \$ 0.
c Income tax on the amount on line 34 See Statement 4 35c 6,690.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax. 38

39 Tax on Non-Compliant Facility Income. See instructions 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 6,690.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a

b Other credits (see instructions) 41b

c General business credit. Attach Form 3800 (see instructions) 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e Total credits. Add lines 41a through 41d 41e 0.

42 Subtract line 41e from line 40 42 6,690.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866
☐ Other (attach schedule) 43

44 Total tax. Add lines 42 and 43 44 6,690.

45a Payments: A 2016 overpayment credited to 2017. 45a

b 2017 estimated tax payments. 45b

c Tax deposited with Form 8868 45c

d Foreign organizations: Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments. ☐ Form 2439 ☐ Form 4136 ☐ Other Total 45g

46 Total payments. Add lines 45a through 45g 46 0.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 6,690.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded 50

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ☐ Yes ☒ No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ☐ Yes ☒ No

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.

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

Signature of officer *Mike A. Cincotta* Date *8/12/19* Title *SVP & CFO WCHN* (May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No)

Paid Preparer Use Only

Preparer's name *MIKE A. CINCOTTA* Preparer's signature *Mike Cincotta* Date *8/6/19* Check ☐ if self employed PTIN *P01595811*

Firm's name *ERNST & YOUNG US LLP* Firm's EIN *34-6565596*

Firm's address *200 Clarendon St.* Phone no *617-2662000*
Boston, MA 02116-5072

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

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

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

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

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

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

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals				

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

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

Schedule J – Advertising Income (See instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).			Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1–5). ▶						

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

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

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Western Connecticut Medical Group, Inc.

06-1137531

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Statement 1
Form 990-T, Part I, Line 12
Other Income

Brookfield Schools Overs.....	\$	8,000.
Davita Oversight Dialysis.....		250,000.
Lutheran Home Oversight.....		52,000.
Masonicare Oversight.....		43,200.
Norwalk Surgery Center.....		8,433.
Pomperaug Woods Oversight.....		42,000.
Qualified Transportation Fringe Benefit.....		4,991.
Regal Care Oversight.....		25,000.
River Glen Oversight.....		42,000.
Total	\$	<u>475,624.</u>

Statement 2
Form 990-T, Part II, Line 28
Other Deductions

Corporate Allocation.....	\$	3,218.
Corporate Depts FTE Transfers.....		1,489.
Malpractice.....		177.
Total	\$	<u>4,884.</u>

Statement 3
Form 990-T, Part II, Line 31
Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
9/30/11	\$ 31,509.	\$ 26,212.	\$ 5,297.
9/30/16	7,046.	0.	7,046.
Total Net Operating Loss Deduction.....			<u>\$ 12,343.</u>

Statement 4
Form 990-T, Part III, Line 35c
Computation of Tax

Computation of Controlled Group Tax

1. Taxable income (line 34, page 1, Form 990-T)	\$	27,273.
2. Share of \$50,000 tax bracket		0.
3. Subtract line 2 from line 1		27,273.
4. Lesser of line 3 or share of \$25,000 tax bracket		0.
5. Subtract line 4 from line 3		27,273.
6. Lesser of line 5 or share of \$9,925,000 tax bracket		0.
7. Subtract line 6 from line 5		27,273.
8. Multiply line 2 by 15%		0.
9. Multiply line 4 by 25%		0.
10. Multiply line 6 by 34%		0.
11. Multiply line 7 by 35%		9,546.
12. Additional 5% tax not to exceed \$11,750		0.
13. Additional 3% tax not to exceed \$100,000		0.

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Western Connecticut Medical Group, Inc.

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Statement 4 (continued)
Form 990-T, Part III, Line 35c
Computation of Tax

Computation of Controlled Group Tax

14. Tax (add lines 8 through 13) .. \$ 9,546.

Blended Tax Computation

1. Unrelated Taxable Income	\$ 27,273.
2. Tax on line 1 figured using tax rate before January 1, 2018 ..	9,546.
3. Tax on line 1 figured using the 21% rate	5,727.
4. Ratio of days before January 1, 2018	0.2521
5. Ratio of days after December 31, 2017.	0.7479
7. Multiply line 2 by line 4	2,407.
8. Multiply line 3 by line 5.	4,283.
9. Total tax (add lines 7 and 8).	\$ 6,690.

Alternative Minimum Tax — Corporations

OMB No 1545 0123

Department of the Treasury
Internal Revenue Service► Attach to the corporation's tax return.
► Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name

Employer identification number

Western Connecticut Medical Group, Inc.

06-1137531

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	39,617.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	39,617.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	39,617.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions.	4b	
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	0.
e	ACE adjustment.		
	• If line 4b is zero or more, enter the amount from line 4c	4e	0.
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	39,617.
6	Alternative tax net operating loss deduction. See instructions. See Statement 3	6	14,719.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions.	7	24,898.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	0.
b	Multiply line 8a by 25% (0.25)	8b	
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	24,898.
10	Multiply line 9 by 20% (0.20)	10	1,255.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax Subtract line 11 from line 10.	12	1,255.
13	Regular tax liability before applying all credits except the foreign tax credit	13	6,690.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return.	14	0.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

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Western Connecticut Medical Group, Inc.

06-1137531

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Statement 3
Form 4626, Line 6
Alternative Tax Net Operating Loss Deduction

Carryover Generated From Year End	9/30/11	\$	31,509.
Amount Utilized in 2014		2,454.	
Amount Utilized in 2016		21,382.	
Total Utilization			\$ 23,836.
Available for Carryover to 2017.....			7,673.
Carryover Generated From Year End	9/30/16	\$	7,046.
Available for Carryover to 2017.			7,046.
Total Alternative Tax Net Operating Loss Deduction....			<u>\$ 14,719.</u>

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions (which begin on page 9).

CPCA1402L 02/06/18

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	39,617.
2	ACE depreciation adjustment		
a	AMT depreciation	2a	
b	ACE depreciation:		
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	0.
3	Inclusion in ACE of items included in earnings and profits (E&P):		
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g) - 1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	0.
4	Disallowance of items not deductible from E&P.		
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g) - 1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	0.
5	Other adjustments based on rules for figuring E&P:		
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e.	5f	0.
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	39,617.