PUBLIC DISCLOSURE COPY

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.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10/01 , 2016, and ending 09/30 , 20 17

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization MIDDLESEX HOSPITAL
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) 28 CRESCENT STREET
Room/suite
City or town, state or province, country, and ZIP or foreign postal code MIDDLETOWN, CT 06457

D Employer identification number 06-0646718

E Telephone number (860) 358-6395

G Gross receipts $ 444,184,506

F Name and address of principal officer: VINCENT CAPECE, JR.
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** WWW.MIDDLESEXHOSPITAL.ORG

H(c) Group exemption number ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1895

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 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.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3,264
6	Total number of volunteers (estimate if necessary)	6	578
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,829,367
b	Net unrelated business taxable income from Form 990-T, line 34	7b	45,862

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,369,874	4,322,258
	9	Program service revenue (Part VIII, line 2g)	380,845,793	387,851,692
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,159,337	15,675,644
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,393,593	8,262,728
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	405,768,597	416,112,322
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	47,000	82,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	209,929,362	211,215,055
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 953,139		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	163,902,742	164,209,342
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	373,879,104	375,506,397
	19	Revenue less expenses. Subtract line 18 from line 12	31,889,493	40,605,925
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	457,928,368	471,471,154
	21	Total liabilities (Part X, line 26)	189,037,229	153,499,090
	22	Net assets or fund balances. Subtract line 21 from line 20	268,891,139	317,972,064

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.

Sign Here

Signature of officer
Date

SUSAN MARTIN, VP FINANCE & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRISTIN ANDERSON	Kristin M. Anderson	7/12/2018		P01231300

Firm's name ▶ CROWE HORWATH LLP
Firm's EIN ▶ 35-0921680
Firm's address ▶ 175 POWDER FOREST DRIVE, SIMSBURY, CT 06089
Phone no. (860) 678-9200

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2016)

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MIDDLESEX HOSPITAL	Employer identification number (EIN) or 06-0646718
	Number, street, and room or suite no. If a P.O. box, see instructions. 28 CRESCENT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIDDLETOWN, CT 06457	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ SHANNON ST HILAIRE

Telephone No. ▶ (860) 358-6000 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . . . . ▶ ☐ . If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15 , 20 18 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or
▶ ☑ tax year beginning 10/01 , 20 16 , and ending 09/30 , 20 17 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Cat. No. 27916D Form **8868** (Rev. 1-2017)

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 $ 145,891,029 including grants of $) (Revenue $ 170,418,614)

IN THE FISCAL YEAR ENDING 9/30/2017, INPATIENT CARE REPRESENTED 13,986 DISCHARGES AND 56,486 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

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 51,654,485 including grants of $) (Revenue $ 88,312,293)

MIDDLESEX HOSPITAL EMERGENCY DEPARTMENT DELIVERS CARE AT THE WHALEN EMERGENCY CENTER AT THE HOSPITAL'S MAIN CAMPUS AS WELL AS TWO SATELLITE SITES LOCATED AT THE SHORELINE MEDICAL CENTER IN WESTBROOK AND THE MIDDLESEX HOSPITAL MEDICAL CENTER IN MARLBOROUGH. THE EMERGENCY DEPARTMENT TREAT AND RELEASE VISITS FOR THE FISCAL YEAR ENDING 9/30/2017 WERE 78,659. IN EACH, EMERGENCY CARE IS DEPLOYED BY EXPERT, BOARD-CERTIFIED EMERGENCY MEDICINE DOCTORS AND SPECIFICALLY TRAINED PHYSICIAN ASSISTANTS, NURSES, PATIENT CARE TECHNICIANS AND OTHER SUPPORT PERSONNEL.

EMERGENCY CARE IS PROVIDED 24 HOURS A DAY, 7 DAYS A WEEK. THE DEPARTMENTS ARE SUPPORTED BY A BROAD SPECTRUM OF DIAGNOSTIC CAPABILITIES AND SOPHISTICATED INFORMATION SYSTEMS. IN ADDITION TO EMERGENCY CARE THERE ARE ALSO ISOLATION AND DECONTAMINATION AREAS IN THE EMERGENCY DEPARTMENT AND A HELIPAD ON SITE FOR LIFE STAR MEDICAL

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses $ 19,923,968 including grants of $) (Revenue $ 14,395,022)

THE HOSPITAL'S HOMECARE DEPARTMENT MAKES OVER 96,000 REVENUE GENERATING VISITS A YEAR TO COMMUNITY RESIDENTS. HOMECARE IS STAFFED WITH SPECIALTY NURSES, HOME HEALTH AIDES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS, MEDICAL SOCIAL WORKERS AND NUTRITIONISTS TO MEET THE PHYSICAL AND BEHAVIORAL HEALTH NEEDS OF PATIENTS CARED FOR IN THEIR HOMES AND OUTSIDE THE HOSPITAL SETTING. HOMECARE SERVICES INCLUDE: SPECIALIZED CARDIAC CARE; INCLUDING TELE MONITORING AND THE HEART SMART PROGRAM (A MULTIDISCIPLINARY PROGRAM WHICH INCLUDES THE FULL SPECTRUM CARDIAC SELF MANAGEMENT SUPPORT AND CLINICAL CARE), FULL SPECTRUM GERIATRIC CARE, INFUSION THERAPIES, LIFELINE SERVICES, AND A SIGNIFICANT RANGE OF RESPIRATORY, PULMONARY AND MEDICAL REHABILITATION SERVICES AS WELL AS PROVIDING OUTPATIENT HOSPICE AND PALLIATIVE SERVICES THROUGHOUT THE COMMUNITY. THE HOMECARE DEPARTMENT GENEROUSLY PROVIDES COMMUNITY HEALTH SERVICES INCLUDING FLU SHOTS, HEALTH FAIRS, AND COORDINATION OF LINKAGES WITH MEALS ON WHEELS, TRANSPORTATION, ADULT DAY CARE AND OTHER SERVICES ON CONTRACT WITH LOCAL ORGANIZATIONS.

4d Other program services (Describe in Schedule O.)
(Expenses $ 118,504,387 including grants of $ 82,000) (Revenue $ 118,669,371)

4e Total program service expenses ▶ 335,973,869

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✓	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	✓	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	✓	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	✓	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		✓
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	✓	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	✓	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	✓	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	✓	

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 . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	160			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	✓	
2a	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	**2a**	3,264			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .			**2b**	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . .					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	✓	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . .			**3b**	✓	
4a	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)?			**4a**		✓
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			**5a**		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	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?			**6a**		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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?			**7a**	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			**7f**		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			**13a**		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .			**14b**		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	11		
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?	2		✓	
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? .	3			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6		✓	
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?	7a		✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
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*	9			✓

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	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*	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	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?	16a	✓	
b	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?	16b	✓	

Section C. Disclosure

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ 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, and 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			
(1) GARY K. WILLIS CHAIRMAN	1.0 2.0	✓		✓				0	0	0
(2) ERIC W. THORNBURG VICE CHAIRMAN	1.0 2.0	✓		✓				0	0	0
(3) JONATHAN D. LEVINE, MD ASSISTANT SECRETARY	1.0 2.0	✓		✓				0	0	0
(4) VINCENT G. CAPECE, JR PRESIDENT/CEO	40.0 4.0	✓		✓				1,056,317	0	510,197
(5) DAVID BAGGISH, MD SECRETARY & CHIEF DEPT OF MEDICINE	40.0 3.0	✓		✓				316,724	0	37,518
(6) BRUCE S. MACMILLIAN DIRECTOR	1.0 3.0	✓						0	0	0
(7) GERALD P. MIGLIACCIO DIRECTOR	1.0 3.0	✓						0	0	0
(8) CAROL P. WALLACE DIRECTOR	1.0 3.0	✓						0	0	0
(9) GREGORY B. BUTLER DIRECTOR	1.0 2.0	✓						0	0	0
(10) JEAN M. D'AQUILA DIRECTOR	1.0 2.0	✓						0	0	0
(11) CHANDLER J. HOWARD DIRECTOR	1.0 2.0	✓						0	0	0
(12) DARRELL G. PATASKA DIRECTOR	1.0 2.0	✓						0	0	0
(13) R. CHRISTOPHER SEATON DIRECTOR	1.0 2.0	✓						0	0	0
(14) SUSAN MARTIN VP FINANCE/TREASURER	40.0 4.0			✓				557,005	0	59,535

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	**(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
(15) JESSE WAGNER, MD VP QUALITY AND PATIENT SAFETY	40.0 1.0				✓			491,104	0	165,334
(16) JACQUELYN CALAMARI VP NURSING	40.0 0.0				✓			368,304	0	117,050
(17) EVAN JACKSON VP STRATEGIC PLANNING AND CIO	40.0 0.0				✓			200,521	0	64,389
(18) DAVID GIUFFRIDA VP FACILITIES AND SUPPORT SERVICES	40.0 0.0				✓			363,723	0	114,398
(19) ARTHUR MCDOWELL VP CLINICAL AFFAIRS	40.0 0.0				✓			523,828	0	128,212
(20) GREGORY NOKES VP HUMAN RESOURCES	40.0 0.0				✓			389,264	0	102,999
(21) MICHAEL SAXE CHAIRMAN EMERGENCY MEDICINE	40.0 0.0				✓			441,842	0	52,635
(22) JONATHAN BANKOFF, MD PHYSICIAN EMERGENCY DEPARTMENT	40.0 0.0					✓		365,761	0	35,628
(23) MARIO CAPUZZI, MD MEDICAL DIRECTOR ED	40.0 0.0					✓		348,313	0	37,922
(24) DAVID COSENTINO PHYSICIAN EMERGENCY DEPARTMENT	40.0 0.0					✓		349,094	0	41,338
(25) (SEE STATEMENT)										
1b Sub-total . . . . ▶								5,771,801	0	1,467,154
c Total from continuation sheets to Part VII, Section A . . . . . ▶								997,764	0	98,445
d Total (add lines 1b and 1c) . . . . ▶								6,769,565	0	1,565,599

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 ▶ 394

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	✓	
4 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? *If "Yes," complete Schedule J for such individual*	**4**	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		✓

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	2,045,892
ARAMARK CORPORATION, 66 OXFORD DRIVE, FRANKLIN, MA 02038	DIETARY / HOUSEKEEPING	1,562,592
QUEST DIAGNOSTICS INC, 2025 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	LABORATORY SERVICES	1,029,162
ACCELERATED MEDICAL PHYSICS, 74 ELLSWORTH LANE, CANTON, CT 06019	MEDICAL PHYSICS	615,000
COUGHLIN SERVICES CORP, 180 JOHNSON ST, MIDDLETOWN, CT 06457	PROPERTY MANAGEMENT	582,877

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 ▶ 77

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
	Contributions, Gifts, Grants and Other Similar Amounts						
1a	Federated campaigns . . .	1a	33,861				
b	Membership dues	1b					
c	Fundraising events	1c	169,581				
d	Related organizations . . .	1d	0				
e	Government grants (contributions)	1e	1,226,541				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,892,275				
g	Noncash contributions included in lines 1a-1f: $		209,348				
h	**Total.** Add lines 1a–1f . . . . ▶			4,322,258			
	Program Service Revenue		Business Code				
2a	PATIENT SERVICES		621110	385,547,692	385,547,692		
b	JOINT VENTURE PROGRAM REVENUE		722210	2,304,000	2,304,000		
c							
d							
e							
f	All other program service revenue .			0	0	0	0
g	**Total.** Add lines 2a–2f . . . . ▶			387,851,692			
	Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			1,349,226			1,349,226
4	Income from investment of tax-exempt bond proceeds ▶			23,418			23,418
5	Royalties . . . . ▶						
		(i) Real	(ii) Personal				
6a	Gross rents . .	831,001					
b	Less: rental expenses	762,349					
c	Rental income or (loss)	68,652	0				
d	Net rental income or (loss) . . . . ▶			68,652			68,652
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		41,531,794					
b	Less: cost or other basis and sales expenses .	27,228,794					
c	Gain or (loss) . .	14,303,000	0				
d	Net gain or (loss) . . . . ▶			14,303,000			14,303,000
8a	Gross income from fundraising events (not including $ 169,581 of contributions reported on line 1c). See Part IV, line 18	a	66,296				
b	Less: direct expenses	b	81,041				
c	Net income or (loss) from fundraising events . ▶			(14,745)			(14,745)
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold . . .	b					
c	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue		Business Code				
11a	SPECIMEN LABORATORY		621500	2,067,594		2,067,594	
b	TECHNICAL LABORATORY		621500	743,757		743,757	
c	CAFETERIA REVENUE		722210	1,435,846			1,435,846
d	All other revenue		900099	3,961,624	3,943,608	18,016	0
e	**Total.** Add lines 11a–11d . . . . ▶			8,208,821			
12	**Total revenue.** See instructions. . . . . . ▶			416,112,322	391,795,300	2,829,367	17,165,397

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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	82,000	82,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	6,381,967	5,105,574	1,276,393	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	356,783	356,783	0	0
7	Other salaries and wages	172,942,489	159,364,272	13,578,217	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,687,187	6,139,011	548,176	0
9	Other employee benefits	12,925,919	11,991,739	934,180	0
10	Payroll taxes	11,920,710	10,943,521	977,189	0
11	Fees for services (non-employees):				
a	Management	5,711,659	4,506,318	252,202	953,139
b	Legal	874,496	0	874,496	0
c	Accounting	205,804	0	205,804	0
d	Lobbying	151,144	0	151,144	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,798,045	1,088,605	709,440	0
12	Advertising and promotion	2,868,689	68,122	2,800,567	0
13	Office expenses	6,297,304	4,324,048	1,973,256	0
14	Information technology	7,386,733	4,432,040	2,954,693	0
15	Royalties	0	0	0	0
16	Occupancy	6,856,294	4,338,409	2,517,885	0
17	Travel	1,199,038	948,411	250,627	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	605,639	467,910	137,729	0
20	Interest	1,978,485	1,978,485	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	25,362,894	22,895,820	2,467,074	0
23	Insurance	5,959,403	5,959,403	0	0
24	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.)				
a	MEDICAL EXPENSES	45,965,864	45,832,716	133,148	0
b	STATE NET PATIENT REVENUE TAX	21,095,400	21,095,400	0	0
c	UNRELATED BUSINESS INCOME TAXES	124,000		124,000	0
d					
e	All other expenses	29,768,451	24,055,282	5,713,169	0
25	**Total functional expenses.** Add lines 1 through 24e	375,506,397	335,973,869	38,579,389	953,139
26	**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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form **990** (2016)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			22,406,000	1	21,872,000
	2	Savings and temporary cash investments			30,358,000	2	31,640,000
	3	Pledges and grants receivable, net			1,361,355	3	1,298,687
	4	Accounts receivable, net			41,619,922	4	43,649,483
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	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			0	6	0
	7	Notes and loans receivable, net			2,063,703	7	1,417,799
	8	Inventories for sale or use			1,091,607	8	1,184,536
	9	Prepaid expenses and deferred charges			4,573,363	9	5,788,868
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	517,902,547			
	b	Less: accumulated depreciation	10b	325,341,248	195,370,382	10c	192,561,299
	11	Investments—publicly traded securities			144,923,999	11	157,563,000
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			810,024	14	730,182
	15	Other assets. See Part IV, line 11			13,350,013	15	13,765,300
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			457,928,368	16	471,471,154
Liabilities	17	Accounts payable and accrued expenses			49,019,671	17	49,993,272
	18	Grants payable			0	18	0
	19	Deferred revenue			870,927	19	756,215
	20	Tax-exempt bond liabilities			51,839,307	20	47,119,672
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	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			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	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			87,307,324	25	55,629,931
	26	**Total liabilities.** Add lines 17 through 25			189,037,229	26	153,499,090
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			251,796,436	27	299,976,946
	28	Temporarily restricted net assets			10,115,458	28	10,563,781
	29	Permanently restricted net assets			6,979,245	29	7,431,337
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building, or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			0	32	0
	33	Total net assets or fund balances			268,891,139	33	317,972,064
	34	Total liabilities and net assets/fund balances			457,928,368	34	471,471,154

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	416,112,322
2	Total expenses (must equal Part IX, column (A), line 25)	2	375,506,397
3	Revenue less expenses. Subtract line 2 from line 1	3	40,605,925
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	268,891,139
5	Net unrealized gains (losses) on investments	5	636,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,839,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	317,972,064

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		✓
	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?	2b	✓	
	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?	2c	✓	
	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?	3a	✓	
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.	3b	✓	

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 (Check all that apply)						(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			
(25) JEFFREY SHELTON, MD ASSOC DIRECTOR FAMILY PRACTICE	40.0 0.0					✓		420,735	0	23,521
(26) ALAN DOUGLASS, MD DIRECTOR FAMILY PRACTICE	40.0 0.0					✓		349,085	0	43,923
(27) GARRETT HAVICAN FORMER VP OPERATIONS	40.0 0.0						✓	227,944	0	31,001

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2016
Open to Public Inspection

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 **section 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**		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2016**

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

(Complete only if you checked the box on line 5, 7, or 8 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)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** 2016	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** 2016	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . 15 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** 2016	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** 2016	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (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

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	**15**	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	**16**	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f)) . . .	**17**	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	**18**	%

19a **33 1/3% support tests—2016.** 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—2015.** 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 in line 12 on 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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 **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	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.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	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 **Part VI** 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.*	4c		
5a	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 **Part VI**, 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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 **Part VI.***	6		
7	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).*	7		
8	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).*	8		
9a	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 **Part VI.***	9a		
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 **Part VI.***	9b		
c	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 **Part VI.***	9c		
10a	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 10b below.*	10a		
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.)*	10b		

Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	**1**		
2	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? *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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	**1**		
2	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	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? *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.*	**2a**		
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? *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.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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)*

	Section D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	**Excess distributions carryover to 2017**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013 . . .			
c	Excess from 2014 . . .			
d	Excess from 2015 . . .			
e	Excess from 2016 . . .			

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2016

Name of the organization
MIDDLESEX HOSPITAL

Employer identification number
06-0646718

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . ▶ $ ______

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

Name of organization
MIDDLESEX HOSPITAL

Employer identification number
06-0646718

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 342,227	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 279,387	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 30,405	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 144,317	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 197,460	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 392,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) **No.**	**(b)** **Name, address, and ZIP + 4**	**(c)** **Total contributions**	**(d)** **Type of contribution**
7		$ 79,321	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
8		$ 415,173	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
9		$ 141,476	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
10		$ 148,239	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
11		$ 19,954	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
12		$ 209,680	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MIDDLESEX HOSPITAL	06-0646718

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 21,408	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		$ 33,861	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		$ 33,224	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		$ 43,561	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		$ 29,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MIDDLESEX HOSPITAL	06-0646718

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		$ 6,560	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		$ 32,345	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		$ 13,945	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
MIDDLESEX HOSPITAL

Employer identification number
06-0646718

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		$ 14,772	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		$ 17,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		$ 10,919	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		$ 20,450	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
31		$ 10,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
32		$ 5,200	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
33		$ 8,310	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
34		$ 5,400	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
35		$ 5,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
36		$ 7,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		$ 17,826	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		$ 13,275	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44		$ 11,195	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46		$ 8,575	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47		$ 100,526	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48		$ 9,160	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
MIDDLESEX HOSPITAL

Employer identification number
06-0646718

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		$ 105,308	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		$ 151,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
57		$ 5,780	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
58		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
59		$ 14,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
62		$ 5,560	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
63		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
64		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
65		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
66		$ 17,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) **No.**	**(b)** **Name, address, and ZIP + 4**	**(c)** **Total contributions**	**(d)** **Type of contribution**
67		$ 26,595	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
68		$ 5,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
69		$ 20,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
70		$ 5,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
71		$ 22,500	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
72		$ 100,100	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

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

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
73		$ 9,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
74		$ 5,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
75		$ 6,560	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
76		$ 5,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
77		$ 10,000	**Person** ☑ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
78		$ 100,526	**Person** ☑ **Payroll** ☐ **Noncash** ☑ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MIDDLESEX HOSPITAL	06-0646718

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		$ 105,308	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
78	STOCKS	$ 100,526	11/30/2016

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
79	STOCKS	$ 105,308	12/22/2016

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
MIDDLESEX HOSPITAL

Employer identification number
06-0646718

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

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 organization	**Employer identification number**
MIDDLESEX HOSPITAL	06-0646718

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)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50084S **Schedule C (Form 990 or 990-EZ) 2016**

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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	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
1 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:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		151,144
j Total. Add lines 1c through 1i			151,144
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

SEE NEXT PAGE

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 - Identifier	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 $9,854 AND THE PORTION OF CHA DUES TOTALED $28,640. IN ADDITION, MIDDLESEX HOSPITAL CONTRACTED WITH TWO CONSULTANTS WHO PERFORMED LOBBYING ACTIVITIES. THOSE EXPENSES TOTALLED $112,650.

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.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2016
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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 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? ☐ **Yes** ☐ **No**

6 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? ☐ **Yes** ☐ **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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 Tax Year
a	Total number of conservation easements	**2a**	
b	Total acreage restricted by conservation easements	**2b**	
c	Number of conservation easements on a certified historic structure included in (a)	**2c**	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	**2d**	

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 ▶ $ ____________

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D **Schedule D (Form 990) 2016**

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
c	Beginning balance	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**1f**	

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 on 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
1a	Beginning of year balance . . .	103,326,000	122,014,000	126,387,000	114,787,000	102,354,000
b	Contributions	451,000		2,000	229,000	869,000
c	Net investment earnings, gains, and losses	14,480,000	10,726,000	(2,106,000)	11,527,000	11,675,000
d	Grants or scholarships			0	0	0
e	Other expenditures for facilities and programs	(271,000)	29,414,000	2,269,000	156,000	111,000
f	Administrative expenses				0	0
g	End of year balance	118,528,000	103,326,000	122,014,000	126,387,000	114,787,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 90.68 %

b Permanent endowment ▶ 5.24 %

c Temporarily restricted endowment ▶ 4.08 %

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
	(i) unrelated organizations	**3a(i)**		✓
	(ii) related organizations	**3a(ii)**		✓
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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
1a	Land		8,727,213		8,727,213
b	Buildings		297,089,528	162,416,600	134,672,928
c	Leasehold improvements		2,061,978	1,620,842	441,136
d	Equipment		193,707,981	156,437,997	37,269,984
e	Other		16,315,847	4,865,809	11,450,038

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* . . . . . ▶ 192,561,299

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)		
Total. *(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)		
Total. *(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)	
Total. *(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.

1. **(a)** Description of liability	**(b)** Book value
(1) Federal income taxes	
(2) ACCRUED RETIREMENT LIABILITIES	15,029,516
(3) SELF INSURANCE LIABILITIES	28,554,884
(4) ASSET RETIREMENT OBLIGATION	900,720
(5) LEASE INCENTIVE OBLIGATION	13,182
(6) UNALLOCATED 3RD PARTY	10,831,506
(7) SECURITY DEPOSITS	4,172
(8) OTHER	295,951
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	55,629,931

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.

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

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.

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

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.

SEE STATEMENT

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 - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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 STIPULATION 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. 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.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2017 AND 2016. 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, 2017 AND 2016, 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.

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2016
Open to Public Inspection

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 (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(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
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H **Schedule G (Form 990 or 990-EZ) 2016**

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.

			(a) Event #1 GOLF FUNDRAISER (event type)	(b) Event #2 GOLF FUNDRAISER (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	114,540	57,351	63,986	235,877
	2	Less: Contributions	75,720	29,875	63,986	169,581
	3	Gross income (line 1 minus line 2)	38,820	27,476	0	66,296
Direct Expenses	4	Cash prizes	0	0		0
	5	Noncash prizes	0	1,500		1,500
	6	Rent/facility costs	39,019	6,514		45,533
	7	Food and beverages		9,073		9,073
	8	Entertainment				0
	9	Other direct expenses	9,866	1,689	13,380	24,935
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				81,041
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				(14,745)

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.

			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	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:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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 to be 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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	**No**
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	**1a**	✓	
b	If "Yes," was it a written policy?	**1b**	✓	
2	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. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	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.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %	**3a**	✓	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %	**3b**	✓	
c	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.			
4	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"?	**4**	✓	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	**5a**	✓	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	**5b**		✓
c	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?	**5c**		
6a	Did the organization prepare a community benefit report during the tax year?	**6a**	✓	
b	If "Yes," did the organization make it available to the public?	**6b**	✓	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	**(a)** Number of activities or programs (optional)	**(b)** Persons served (optional)	**(c)** Total community benefit expense	**(d)** Direct offsetting revenue	**(e)** Net community benefit expense	**(f)** Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)	0	4,236	4,729,947	368,909	4,361,038	1.16
b	Medicaid (from Worksheet 3, column a)	0	19,514	71,162,369	34,745,410	36,416,959	9.70
c	Costs of other means-tested government programs (from Worksheet 3, column b)	0	414	812,783	630,095	182,688	0.05
d	**Total** Financial Assistance and Means-Tested Government Programs	0	24,164	76,705,099	35,744,414	40,960,685	10.91
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)	0	14,801	3,985,317	305,613	3,679,704	0.98
f	Health professions education (from Worksheet 5)	0	3,187	13,522,563	2,149,288	11,373,275	3.03
g	Subsidized health services (from Worksheet 6)	0	29,511	47,432,509	34,857,281	12,575,228	3.35
h	Research (from Worksheet 7)	0	38	342,672	8,952	333,720	0.09
i	Cash and in-kind contributions for community benefit (from Worksheet 8)	0	3,217	299,383	0	299,383	0.08
j	**Total.** Other Benefits	0	50,754	65,582,444	37,321,134	28,261,310	7.53
k	**Total.** Add lines 7d and 7j	0	74,918	142,287,543	73,065,548	69,221,995	18.43

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	0	0	0	0.00
2	Economic development	0	0	25,481	0	25,481	0.01
3	Community support	0	10	152,148	19,954	132,194	0.04
4	Environmental improvements	0	0	0	0	0	0.00
5	Leadership development and training for community members	0	0	0	0	0	0.00
6	Coalition building	0	93	14	0	14	0.00
7	Community health improvement advocacy	0	0	0	0	0	0.00
8	Workforce development	0	112	11,313	0	11,313	0.00
9	Other	0	0	0	0	0	0.00
10	**Total**	0	215	188,956	19,954	169,002	0.05

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?			1		✓
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	2	13,557,441		
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.	3	1,355,744		
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	51,908,754
6	Enter Medicare allowable costs of care relating to payments on line 5	6	62,301,695
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(10,392,941)

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:

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	✓	
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	✓	

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 &	Children's hospital	Teaching hospital	Critical access ho	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MIDDLESEX HOSPITAL 28 CRESCENT STREET, MIDDLETOWN, CT 06457 WWW.MIDDLESEXHOSPITAL.ORG STATE LICENSE NO. : 000069	✓	✓		✓			✓			
2										
3										
4										
5										
6										
7										
8										
9										
10										

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)

Name of hospital facility or letter of facility reporting group MIDDLESEX HOSPITAL

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

			Yes	No
	Community Health Needs Assessment			
1	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?.	1		✓
2	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	2		✓
3	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	3	✓	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 15			
5	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 of 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	5	✓	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		✓
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	6b		✓
7	Did the hospital facility make its CHNA report widely available to the public?	7	✓	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): (SEE STATEMENT)			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	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	8	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓	
a	If "Yes," (list url): (SEE STATEMENT)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	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.			
12 a	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)?	12a		✓
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to 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)

Name of hospital facility or letter of facility reporting group MIDDLESEX HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	✓	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 2 0 0 % and FPG family income limit for eligibility for discounted care of 5 0 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance status			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✓	
15	Explained the method for applying for financial assistance?	15	✓	
	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):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	✓	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group MIDDLESEX HOSPITAL

			Yes	No
17	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	✓	

18 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:

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ 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
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)
- f ☑ None of these actions or other similar actions were permitted

			Yes	No
19	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?	19		✓

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ 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
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)

20 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):

- a ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c ☑ Processed incomplete and complete FAP applications
- d ☑ Made presumptive eligibility determinations
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

			Yes	No
21	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?	21	✓	

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group MIDDLESEX HOSPITAL

			Yes	No
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?	**23**		✓
	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?	**24**		✓
	If "Yes," explain in Section C.			

Part V, Section C	**Supplemental Information.** 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3J - OTHER CONTENT IN NEEDS ASSESSMENT	FACILITY NAME: MIDDLESEX HOSPITAL DESCRIPTION: IN ADDITION TO THE ELEMENTS SELECTED IN PART V, LINE 3, THE MIDDLESEX HOSPITAL 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EXAMINED HOW SOCIAL DETERMINANTS OF HEALTH AND HEALTH DISPARITIES IMPACT HEALTH OUTCOMES. THE REPORT WAS USED TO RAISE AWARENESS REGARDING HOW CRITICAL DETERMINANTS INFLUENCE HEALTH, 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.
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: MIDDLESEX HOSPITAL DESCRIPTION: WHEN COMPLETING ITS 2016 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 PARTICIPATORY APPROACH WAS UTILIZED TO CREATE THE 2016 CHNA THROUGH THE FOLLOWING ACTIVITIES: 1) DEVELOPMENT OF A CHNA ADVISORY COMMITTEE TO PROVIDE GUIDANCE AND INSIGHT; AND 2) USE OF KEY INFORMANT SURVEYS TO PROMOTE DIVERSE PERSPECTIVES THROUGH COMMUNITY AND CLINICAL ENGAGEMENT. IN ADDITION TO HOSPITAL STAFF, CHNA ADVISORY COMMITTEE MEMBER ORGANIZATIONS INCLUDED: MIDDLETOWN HEALTH DEPARTMENT; ESSEX HEALTH DEPARTMENT; CHATHAM HEALTH DISTRICT; TOWN OF KILLINGWORTH HEALTH DEPARTMENT; DURHAM HEALTH DEPARTMENT; CONNECTICUT RIVER AREA HEALTH DISTRICT; MIDDLESEX COUNTY BRANCH OF THE NAACP; (FQHC) COMMUNITY HEALTH CENTER, INC., MIDDLETOWN; AND THE MIDDLESEX COUNTY SUBSTANCE ABUSE ACTION COUNCIL. ADVISORY COMMITTEE DEVELOPMENT PURPOSEFULLY INCLUDED ORGANIZATIONS THAT REPRESENTED LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS. ADVISORY COMMITTEE PARTICIPANTS PROVIDED KEY INPUT AND INTEGRAL GUIDANCE TO MIDDLESEX HOSPITAL THROUGHOUT THE CHNA PROCESS; MEMBERS WERE ENGAGED IN A FORMAL MEETING DURING THE ASSESSMENT PLANNING PHASE TO REVIEW THE STUDY’S OVERARCHING FRAMEWORK, PLANNED DATA SOURCES, LIST OF POTENTIAL STAKEHOLDERS FOR KEY INFORMANT SURVEY DISTRIBUTION, AND TO GIVE SUGGESTIONS AND FEEDBACK ON THE KEY INFORMANT SURVEY CONTENT AND STRUCTURE. IN ORDER TO ACHIEVE COUNTY-BASED REPRESENTATION FOR THE KEY INFORMANT SURVEY, COMMITTEE MEMBERS PROVIDED ADDITIONAL CONTACTS FOR THE SURVEY DISTRIBUTION LIST. ADVISORY COMMITTEE MEMBERS WERE GIVEN UPDATES AND KEPT INFORMED BY EMAIL REGARDING ASSESSMENT STATUS. PRIOR TO FINALIZATION, THE ADVISORY COMMITTEE WAS CONVENED TO REVIEW THE CHNA DRAFT AND TO OFFER COMMENTS AND SUGGESTIONS. TO CAPTURE BROAD COMMUNITY INPUT ON HEALTH NEEDS, SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY, THE HOSPITAL ADMINISTERED ITS KEY INFORMANT SURVEY THROUGH THE ONLINE SURVEYMONKEY FORMAT. A TOTAL OF 2,886 SURVEYS WERE SENT WITH A TOTAL OF 438 COMPLETED FOR AN OVERALL RESPONSE RATE OF 15.2%. THREE DISCRETE DISTRIBUTION CHANNELS WERE UTILIZED: 1) COMMUNITY: AN EXTENSIVE COMMUNITY CONTACT LIST WAS DEVELOPED, INCLUDING REPRESENTATION FROM MIDDLETOWN, MIDDLESEX COUNTY AND THE PERIPHERY TOWNS IN THE MIDDLESEX HOSPITAL SERVICE AREA. SECTORS INCLUDED ELECTED OFFICIALS (MAYORS, SELECTPERSONS, STATE LEGISLATORS, ETC.); LOCAL HEALTH DEPARTMENTS; HEALTH CARE SERVICES (MEDICAL, DENTAL, BEHAVIORAL HEALTH, ETC.); SCHOOLS (PUBLIC, PRIVATE); COLLEGES AND UNIVERSITIES; PUBLIC SAFETY (POLICE, FIRE, EMERGENCY MANAGEMENT); SOCIAL SERVICES; YOUTH AND FAMILY SERVICES; OTHER COMMUNITY SERVICES (SENIOR CARE, VETERANS REPRESENTATION, ETC.); FAITH-BASED ORGANIZATIONS; COMMUNITY ORGANIZATIONS AND COALITIONS; THE BUSINESS COMMUNITY; AND RESIDENTS; DEVELOPMENT OF THE COMMUNITY OUTREACH DISTRIBUTION LIST INCLUDED ORGANIZATIONS THAT REPRESENTED LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS. 2) MIDDLESEX HOSPITAL/SYSTEM STAFF: THE SURVEY WAS SENT TO THE HOSPITAL’S LEADERSHIP 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-DISTRIBUTION LISTS; AND 3) MIDDLESEX HOSPITAL MEDICAL STAFF: SURVEYS WERE SENT TO ACTIVE MEDICAL STAFF AND ALLIED HEALTH PROFESSIONAL STAFF THROUGH THE HOSPITAL’S MEDICAL STAFF OFFICE. IN ADDITION, THROUGH THE PRIORITIZATION PROCESS, THE HOSPITAL HOSTED A COMMUNITY FORUM TO REVIEW THE SUMMARY FINDINGS AND THEMES OF THE ASSESSMENT AND TO FACILITATE A PRIORITIZATION DIALOGUE. PARTICIPANTS INCLUDED REPRESENTATIVES FROM KEY COMMUNITY SECTORS AND HOSPITAL DEPARTMENTAL LEADERSHIP; A TOTAL OF 47 STAKEHOLDERS ATTENDED. PRESENTATION OF THE FINDINGS INCLUDED PRIMARY AND SECONDARY DATA BASED ON THE FOLLOWING CATEGORIES: DEMOGRAPHIC DATA; SOCIAL DETERMINANTS OF HEALTH; HEALTH EQUITY; HEALTH INDICATORS; BEHAVIORAL HEALTH INDICATORS; KEY INFORMANT SURVEY RESULTS; UNITED WAY 2-1-1 CONNECTICUT SYSTEM UTILIZATION; AND A SELECTION OF DATAHAVEN 2016 WELLBEING SURVEY RESULTS.
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS://MIDDLESEXHOSPITAL.ORG/MIDDLESEX-AND-THE-COMMUNITY/SERVING-OUR-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE	FACILITY NAME: MIDDLESEX HOSPITAL DESCRIPTION: IN ADDITION TO POSTING MIDDLESEX HOSPITAL'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ON ITS WEB-SITE AND MAKING IT AVAILABLE UPON REQUEST, THE HOSPITAL ELECTRONICALLY DISTRIBUTED ITS 2016 CHNA THROUGH THE FOLLOWING DISSEMINATION CHANNELS: THE CHNA ADVISORY COMMITTEE; KEY INFORMANT COMMUNITY PARTNERS; COMMUNITY MEMBERS; THE MIDDLESEX HOSPITAL MEDICAL STAFF; HOSPITAL LEADERSHIP, MANAGEMENT STAFF, AND BOARD OF DIRECTORS; AND, EXISTING HOSPITAL-COMMUNITY BASED PARTNERSHIP DISTRIBUTION LISTS. OTHER DISSEMINATION MECHANISMS INCLUDED: A PRESS RELEASE; THE HOSPITAL'S WEEKLY ELECTRONIC NEWSLETTER STAT; A FEATURE IN THE HOSPITAL'S COMMUNITY ELECTRONIC NEWSLETTER, EVITA; AND PRESENTATIONS. RECIPIENTS WERE ENCOURAGED TO WIDELY SHARE THE ASSESSMENT. DURING THE DISSEMINATION PROCESS, CHNA HARD COPIES WERE PROVIDED AND WILL CONTINUE TO BE PROVIDED UPON REQUEST.
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	HTTPS://MIDDLESEXHOSPITAL.ORG/MIDDLESEX-AND-THE-COMMUNITY/SERVING-OUR-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: MIDDLESEX HOSPITAL DESCRIPTION: BASED ON THE FINDINGS OF THE MIDDLESEX HOSPITAL'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE CHNA COMMUNITY FORUM PRIORITIZATION DISCUSSION HOSTED BY THE HOSPITAL, THE HOSPITAL HAS SELECTED FOUR PRIORITY AREAS. EACH PRIORITY HAS ASSOCIATED GOALS, ACTIONS, ANTICIPATED IMPACT OF ACTIONS; PLANS TO EVALUATE ACTIONS; AND COMMUNITY PARTNERS, AS WELL AS A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. THE PRIORITY AREAS ARE AS FOLLOWS: 1A) MENTAL HEALTH 1.1: GOAL - IMPROVE ACCESS TO MENTAL HEALTH SERVICES THROUGH INTERPROFESSIONAL COLLABORATIVE PRACTICE; ACTIONS - IMPLEMENT AN EVIDENCE-BASED INTEGRATED MODEL FOR MENTAL HEALTH TREATMENT WITHIN THE PRIMARY CARE SETTING, INCLUDING A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. 1B) MENTAL HEALTH 1.2: GOAL - PROVIDE SPECIALIZED MENTAL HEALTH TREATMENT FOR HIGH RISK POPULATIONS; ACTIONS - PLAN, DEVELOP, AND IMPLEMENT AN EARLY TREATMENT INTERVENTION PROGRAM FOR YOUNG ADULTS WITH EMERGING MENTAL ILLNESS AND/OR SUBSTANCE USE DISORDERS, INCLUDING A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. 2A) SUBSTANCE ABUSE 2.1: GOAL - DEVELOP A TREATMENT PROGRAM FOR HIGH-RISK PATIENTS EXPERIENCING SEVERE ALCOHOL USE DISORDERS; ACTIONS - PLAN, DEVELOP, AND IMPLEMENT TARGETED TREATMENTS TO SUPPORT PATIENTS GAINING AND SUSTAINING SOBRIETY UTILIZING EVIDENCE-BASED INTERVENTIONS, INCLUDING A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY; 2B) SUBSTANCE ABUSE 2.1: GOAL - DEVELOP AND LAUNCH AN OPIOID AWARENESS CAMPAIGN & INCREASE ACCESS OF NALOXONE TO PATIENTS AT HIGH RISK FOR OPIOID OVERDOSE; ACTIONS - PROVIDE EDUCATION TO KEY COMMUNITY STAKEHOLDERS & PROVIDE PATIENTS BROUGHT TO THE EMERGENCY DEPARTMENT FOLLOWING OPIOID OVERDOSE WITH NALOXONE. 3) AGING POPULATION: GOAL - DESIGN AND IMPLEMENT INTERVENTIONS TO PROMOTE HEALTHY AGING IN PLACE AND IMPROVE OUTCOMES FOR THE AGING POPULATION; ACTIONS - DEVELOP AN IN-HOME COMPREHENSIVE GERIATRIC ASSESSMENT AND MANAGEMENT SERVICE LINE USING THE HRSA FUNDED GOT CARE! (GERIATRICS OUTREACH AND TRAINING WITH CARE) PROGRAM AS A TEMPLATE. COORDINATE CARE THROUGH AN INTEGRATED AND COLLABORATIVE APPROACH INCLUDING A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. 4) ASTHMA: GOAL - IMPROVE ASTHMA OUTCOMES BY MEETING THE CONNECTICUT ASTHMA INITIATIVE GOALS. ACTIONS - IMPROVE ACCESS AND APPROPRIATE ASTHMA CARE BY PARTNERING WITH THE COMMUNITY; ENHANCE PATIENT EDUCATION TECHNIQUES FOR ASTHMA MANAGEMENT; ADVANCE PROGRESS TOWARD HEALTH EQUITY FOR ASTHMA CARE AND OUTCOMES BY FOCUSING ON SOCIAL DETERMINANTS OF HEALTH; DEVELOP A PEDIATRIC ASTHMA PATHWAY; AND, INCREASE UTILIZATION OF ASTHMA ACTION PLANS AND ENHANCE ASTHMA ACTION PLAN HANDOFFS. OVERSIGHT OF MIDDLESEX HOSPITAL'S 2016 CHNA IMPLEMENTATION STRATEGY RESIDES UNDER COMMUNITY BENEFIT, WHERE HOSPITAL STAFF COLLABORATE WITH COMMUNITY AGENCIES ON THE PRIORITY AREAS WHENEVER POSSIBLE AND BUILD EVIDENCE-BASED PROGRAMS, WHERE NEEDED, WITH MEASURABLE, BENCHMARKED RESULTS AND THE GOAL OF ACHIEVING POSITIVE OUTCOMES. IN ADDITION, THE CHNA PRIORITY AREAS BECOME THE FOUNDATION FOR THE HOSPITAL'S COMMUNITY BENEFIT ORGANIZATIONAL GOALS. MIDDLESEX HOSPITAL RECOGNIZES THAT IT CANNOT FOCUS ON ALL THE HEALTH NEEDS IDENTIFIED IN ITS 2016 CHNA. GIVEN THE SIGNIFICANT RESOURCES AND IN-KIND TIME NEEDED TO ADDRESS HEALTH PRIORITY AREAS UNCOVERED BY A COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL ENGAGED IN A THOROUGH PROCESS OF DATA REVIEW AND DISCUSSION TO IDENTIFY THE AREAS OF GREATEST NEED, IMPACT POTENTIAL AND FEASIBILITY. FOR THOSE AREAS OF IDENTIFIED NEEDS NOT ADDRESSED BY THE HOSPITAL, ITS 2016 CHNA WAS WIDELY DISSEMINATED TO MIDDLESEX COUNTY COMMUNITY AGENCIES WITH THE HOPE THAT THE STUDY WOULD BE USED TO INITIATE FOCUS ON CHNA FINDINGS THAT ARE OUTSIDE THE SCOPE OF THE HOSPITAL'S SELECTED PRIORITY AREAS. AS MANY LOCAL COMMUNITY-BASED ORGANIZATIONS ARE DEDICATED TO MEETING THE NEEDS OF COUNTY RESIDENTS, THE HOSPITAL REALIZES THAT THESE ORGANIZATIONS MAY BE BETTER SUITED TO TAKE A LEADERSHIP ROLE IN IMPROVING CERTAIN HEALTH OUTCOMES. AS WITH OUR PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL WILL CONTINUE TO BE A WILLING PARTNER, WHEN ABLE, FOR INITIATIVES NOT RELATED TO ITS SELECTED CHNA PRIORITY AREAS.
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	FACILITY NAME: MIDDLESEX HOSPITAL DESCRIPTION: 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.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://MIDDLESEXHOSPITAL.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE-SERVICES

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://MIDDLESEXHOSPITAL.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE-SERVICES
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://MIDDLESEXHOSPITAL.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE-SERVICES

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	
1 MIDDLESEX HOSPITAL HOMECARE 770 SAYBROOK ROAD MIDDLETOWN, CT 06457	HOMECARE SERVICES, REHAB, HEART HEALTH, OTHER SERVICES
2	
3	
4	
5	
6	
7	
8	
9	
10	

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; 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 needs assessments 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.

Return Reference - Identifier	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.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	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.
SCHEDULE H, PART I, LINE 7G -	MIDDLESEX HOSPITAL INCLUDES ITS FAMILY MEDICINE GROUP AS A SUBSIDIZED SERVICE. FOR FY17, 9,884 UNIQUE INDIVIDUALS WERE SERVED WITH A TOTAL HOSPITAL SUBSIDY OF $366,155. 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 THAT MIDDLESEX COUNTY IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE. MIDDLESEX HOSPITAL'S FAMILY MEDICINE GROUP FILLS A VITAL COMMUNITY HEALTH NEED BY PROVIDING ACCESS TO PRIMARY CARE SERVICES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART II - DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	MIDDLESEX HOSPITAL'S PARTICIPATION IN COMMUNITY BUILDING ACTIVITIES 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 FY17 THE HOSPITAL'S COMMUNITY BUILDING ACTIVITIES TOTALED $169,002 AND SERVED 215 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. A) SMC CAREER DAY IS 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. B) SMC STUDENT LEARNING EXPERIENCES: SMC PROVIDES ONGOING STUDENT LEARNING EXPERIENCES FOR LOCAL HIGH SCHOOL STUDENTS WHERE STUDENTS ARE INVOLVED IN PATIENT ROUNDS AND ARE EXPOSED TO HOW DIAGNOSES ARE MADE. C) SMC WORLD OF WORK IS 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. ON THE MAIN HOSPITAL CAMPUS, THE MIDDLESEX MEDICAL EXPLORERS PROGRAM TEACHES CRITICAL THINKING AND MEDICAL PROBLEM SOLVING WHILE EXPOSING HIGH SCHOOL STUDENTS TO VARIOUS MEDICAL PROFESSIONS AND FURTHERING THEIR UNDERSTANDING OF THE HEALTH CARE SYSTEM. THE TARGET POPULATION IS UNDER-REPRESENTED POPULATIONS IN HEALTHCARE. DURING EACH SESSION, GUEST SPEAKERS DESCRIBE THEIR PROFESSIONS AND THE STUDENTS REVIEW A SINGULAR, MEDICAL CASE STUDY THAT TRAVELS MONTH TO MONTH THROUGH EACH DISCIPLINE.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	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.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	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.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	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 14 OF THE MIDDLESEX HEALTH SYSTEM'S CONSOLIDATED FY17 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	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 IS A DISPROPORTIONATE PERCENTAGE OF OLDER ADULTS IN MIDDLESEX COUNTY WHEN COMPARED TO STATE AVERAGES. THE HOSPITAL'S MOST RECENT (2016) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOUND THAT, WHEN COMPARING STATE AND NATIONAL GROWTH PROJECTIONS FOR PERSONS AGE 65+ TO LOCAL GROWTH, EVERY TOWN IN MIDDLESEX COUNTY, EXCEPT MIDDLETOWN, CONSIDERABLY EXCEEDS CONNECTICUT AND U.S. PROJECTIONS FOR 2020 AND 2025 (ADMINISTRATION ON AGING; ADMINISTRATION FOR COMMUNITY LIVING; THE CONNECTICUT DATA COLLABORATIVE AND CONNECTICUT'S LEGISLATIVE COMMISSION ON AGING). FOR 2020, EXCLUDING MIDDLETOWN (AT 16.4%), EXPECTED GROWTH FOR AGE 65 AND OLDER RANGES FROM 18.8% TO 34.1% IN THE TOWNS OF MIDDLESEX COUNTY COMPARED TO 17.5% FOR CONNECTICUT AND 16.3% FOR THE U.S. FOR 2025, EXCLUDING MIDDLETOWN (AT 18.8%), EXPECTED GROWTH FOR AGE 65 AND OLDER RANGES FROM 22.6% TO 38.9% IN THE TOWNS OF MIDDLESEX COUNTY COMPARED TO 19.6% FOR CONNECTICUT AND 18.2% FOR THE U.S. IN ADDITION, THE 2008, 2013 AND 2016 MIDDLESEX COUNTY CHNAS FOUND OLDER ADULTS TO BE A PRIORITY AREA (ACCESS TO CARE, HEALTH SERVICE UTILIZATION, LACK OF SERVICES, ETC.). 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.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	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 AND ATTORNEYS. 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.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	SINCE THE INCEPTION OF MIDDLESEX HOSPITAL'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 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 THE HOSPITAL TO CONTINUALLY ASSESS THE HEALTHCARE NEEDS OF OUR COMMUNITY IN BETWEEN COMMUNITY HEALTH NEEDS ASSESSMENT CYCLES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	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 DATA BASE 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 (WWW.MIDHOSP.ORG) 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 FY17, MIDDLESEX HOSPITAL GRANTED $4,361,039 OF FINANCIAL ASSISTANCE TO 4,236 UNIQUE RECIPIENTS AND ABSORBED $36,599,647 IN UNPAID COSTS OF MEDICAID (TOTAL OF MEDICAID INCLUDING MANAGED CARE AND LIA), SERVING 19,928 INDIVIDUALS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	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 (MIDDLETOWN, CROMWELL, PORTLAND, EAST HAMPTON, EAST HADDAM, HADDAM, MIDDLEFIELD, DURHAM, KILLINGWORTH, CHESTER, DEEP RIVER, ESSEX, OLD SAYBROOK, WESTBROOK, CLINTON) AND 9 TOWNS ON MIDDLESEX COUNTY'S PERIPHERY (ROCKY HILL, GLASTONBURY, HEBRON, MARLBOROUGH, COLCHESTER, SALEM, LYME/OLD LYME, MADISON, GUILFORD). MIDDLESEX COUNTY IS 369 SQUARE MILES, MAKING IT THE SMALLEST COUNTY BY LAND AREA IN CONNECTICUT, AND IS THE FIFTH IN POPULATION SIZE OUT OF THE EIGHT CONNECTICUT COUNTIES (TOWNCHARTS 2014). MUNICIPALITY SIZES VARY THROUGHOUT THE COUNTY, FROM 10 SQUARE MILES (ESSEX) TO 54 SQUARE MILES (EAST HADDAM). MIDDLETOWN HAS A GEOGRAPHIC AREA OF 41 SQUARE MILES BY LAND AREA. THE PERIPHERY TOWNS COVER AN ADDITIONAL 340 SQUARE MILES. 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 2010 U.S. CENSUS DATA, THE MIDDLESEX COUNTY TOWNS OF CHESTER, DEEP RIVER, DURHAM, EAST HADDAM, HADDAM, KILLINGWORTH, MIDDLEFIELD, PORTLAND, WESTBROOK ARE CONSIDERED RURAL, AS WELL AS THE PERIPHERY TOWN OF MARLBOROUGH. MAJOR EMPLOYERS INCLUDE MIDDLESEX HOSPITAL, WESLEYAN UNIVERSITY, MIDDLESEX COMMUNITY COLLEGE, CONNECTICUT VALLEY HOSPITAL, PRATT & WHITNEY, AND THE SMALL BUSINESS COMMUNITY. 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. MIDDLETOWN IS THE LARGEST MUNICIPALITY (47,424 PERSONS) IN MIDDLESEX COUNTY (165,534 PERSONS) [2014; CERC TOWN PROFILES 2016]. CHESTER, DEEP RIVER AND MIDDLEFIELD HAVE POPULATIONS LESS THAN 5,000; DURHAM, EAST HADDAM, ESSEX, HADDAM, KILLINGWORTH, PORTLAND, AND WESTBROOK HAVE POPULATIONS BETWEEN 5,000 AND 9,999; CLINTON, CROMWELL, EAST HAMPTON AND OLD SAYBROOK HAVE POPULATIONS BETWEEN 10,000 AND 14,999 (2014; CERC TOWN PROFILES 2016). THE PERIPHERY TOWNS IN MIDDLESEX HOSPITAL'S SERVICE AREA HAVE A COMBINED POPULATION OF 141,516. LYME AND SALEM HAVE POPULATIONS LESS THAN 5,000; HEBRON, OLD LYME, AND MARLBOROUGH HAVE POPULATIONS BETWEEN 5,000 AND 9,999; COLCHESTER, GLASTONBURY, GUILFORD, MADISON, AND ROCKY HILL HAVE POPULATIONS BETWEEN 15,000 AND 35,000 (2014; CERC TOWN PROFILES 2016). FOREIGN BORN PERSONS COMPRISE 11% OF THE POPULATION IN MIDDLETOWN AND 7.3% OF MIDDLESEX COUNTY COMPARED TO 13.7% OF THE STATE (2010-2014; U.S. CENSUS BUREAU QUICKFACTS). THE MEDIAN AGE IN THE TOWNS IN MIDDLESEX COUNTY RANGE FROM AGES 37-53, WITH MEDIAN AGE 37 IN MIDDLETOWN, 44 IN MIDDLESEX COUNTY, AND 40 IN THE STATE OF CT (2010-2014; CERC TOWN PROFILES 2016). WHEN COMPARING STATE AND NATIONAL GROWTH PROJECTIONS FOR PERSONS AGE 65+ TO LOCAL GROWTH EVERY TOWN IN MIDDLESEX COUNTY, EXCEPT MIDDLETOWN, CONSIDERABLY EXCEEDS CONNECTICUT AND U.S. PROJECTIONS FOR 2020 AND 2025 (ADMINISTRATION ON AGING; ADMINISTRATION FOR COMMUNITY LIVING; THE CONNECTICUT DATA COLLABORATIVE AND CONNECTICUT'S LEGISLATIVE COMMISSION ON AGING). FOR 2020, EXCLUDING MIDDLETOWN (AT 16.4%), EXPECTED GROWTH FOR AGE 65 AND OLDER RANGES FROM 18.8% TO 34.1% IN THE TOWNS OF MIDDLESEX COUNTY COMPARED TO 17.5% FOR CONNECTICUT AND 16.3% FOR THE U.S. FOR 2025, EXCLUDING MIDDLETOWN (AT 18.8%), EXPECTED GROWTH FOR AGE 65 AND OLDER RANGES FROM 22.6% TO 38.9% IN THE TOWNS OF MIDDLESEX COUNTY COMPARED TO 19.6% FOR CONNECTICUT AND 18.2% FOR THE U.S. MIDDLESEX COUNTY'S RACE AND HISPANIC ORIGIN COMPOSITION IS 85.3% WHITE, NON-HISPANIC; 4.9% BLACK OR AFRICAN AMERICAN; 5.3% HISPANIC OR LATINO; 2.7% ASIAN; 2.2% TWO OR MORE RACES; 1.2% OTHER (U.S. CENSUS 2010- 2014). MIDDLETOWN'S RACE AND HISPANIC ORIGIN COMPOSITION IS 70.3% WHITE, NON-HISPANIC; 13.1% BLACK OR AFRICAN AMERICAN; 9.1% HISPANIC OR LATINO; 4.4% ASIAN; 4.2% TWO OR MORE RACES; 1.6% OTHER (U.S. CENSUS 2010- 2014). THE MEDIAN HOUSEHOLD INCOME IN MIDDLESEX COUNTY ($77,931) IS HIGHER THAN THE STATE OF CONNECTICUT AVERAGE ($69,899) [2010-2014; CERC TOWN PROFILE 2016 REPORT]. THERE IS A SIGNIFICANT RANGE BETWEEN THE TOWNS IN MIDDLESEX COUNTY, WITH MIDDLETOWN AT THE LOWER BOUND ($61,373) AND DURHAM AT THE HIGHEST LEVEL ($117,328) [2010-2014; CERC TOWN PROFILES 2016]. SIMILAR TO THE RANGE OF MEDIAN HOUSEHOLD INCOME IN THE TOWNS THROUGHOUT MIDDLESEX COUNTY, THERE IS A SIGNIFICANT DIFFERENCE IN POVERTY RATE IN MIDDLETOWN (12.5%) WHEN COMPARED THE REST OF THE COUNTY (6.9%) [2010-2014; CERC TOWN PROFILE 2016 REPORT]. EDUCATIONAL ATTAINMENT IN MIDDLESEX COUNTY IS: LESS THAN HIGH SCHOOL DIPLOMA - 7.9%; HIGH SCHOOL DIPLOMA, GENERAL EDUCATIONAL DEVELOPMENT (GED) OR EQUIVALENT: 21.4%; SOME COLLEGE - 13.3%; ASSOCIATE'S DEGREE - 6.1%; BACHELOR'S DEGREE OR HIGHER: 39.8% (U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR, 2010-2014). UNEMPLOYMENT IN MIDDLESEX COUNTY IS 6.6% (U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR, 2010-2014). HEALTH INSURANCE STATUS (ALL INCOME LEVELS) IN MIDDLESEX COUNTY IS: INSURED, AGES <19: 97.2%; INSURED, AGES 18 TO 64 YEARS: 93.6%; INSURED, AGES 40 TO 64 YEARS: 94.8%; INSURED, AGES 50 TO 64 YEARS: 95.1% (U.S. CENSUS BUREAU AND THE SMALL AREA HEALTH INSURANCE ESTIMATES, 2014). IN 2017, THE PERCENT OF HOSPITAL DISCHARGES FOR MEDICAID/SAGA/UNINSURED COMBINED WERE: 17% INPATIENT; 14% OUTPATIENT; 31% EMERGENCY DEPARTMENT NON-ADMISSION; AND, FOR THE FOLLOWING SERVICES: 37% NEWBORN; 38% INPATIENT PSYCHIATRY; 14% 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 TOO FEW PRIMARY CARE PROVIDERS, HIGH INFANT MORTALITY, HIGH POVERTY OR A HIGH ELDERLY POPULATION. THE INDEX OF MEDICAL UNDERSERVICE INCLUDES THE FOUR VARIABLES OF: RATIO OF PRIMARY MEDICAL CARE PHYSICIANS PER 1,000 POPULATION, INFANT MORTALITY RATE, PERCENTAGE OF THE POPULATION WITH INCOMES BELOW THE POVERTY LEVEL, AND PERCENTAGE OF THE POPULATION AGE 65 OR OVER.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	AS MIDDLESEX HOSPITAL IS A COMMUNITY HOSPITAL, INVOLVING COMMUNITY MEMBERS IN KEY FUNCTIONS HAS ALWAYS BEEN A PRIORITY. THE 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. THE 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 FY17 WAS $69,221,996 (EXCLUDING COMMUNITY BUILDING) WITH 74,918 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 FY17, THE HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT SERVICES SERVED 14,801 INDIVIDUALS AT A TOTAL COST OF $3,436,475 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 FY17, THE HOSPITAL'S HEALTH PROFESSIONS EDUCATION CATEGORY SERVED 3,187 INDIVIDUALS AT A TOTAL COST OF $11,373,275 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, CARDIAC REHABILITATION, PARAMEDICS, HOSPICE, DIABETES EDUCATION, WOUND CARE AND PULMONARY REHABILITATION. IN FY17 THE HOSPITAL'S SUBSIDIZED SERVICES SERVED 29,511 PEOPLE WITH A TOTAL COST OF $12,575,228 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 FY17, THE HOSPITAL'S ASSOCIATED COSTS FOR ALL RESEARCH PROJECTS TOTALED $333,720 AND SERVED 38 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

Return Reference - Identifier	Explanation
	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 FY17 SUPPORT FOR FINANCIAL AND IN-KIND CONTRIBUTIONS TOTALED $299,383, SERVING 3,217 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, THE MAIN GOALS OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM IN FY16 WERE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, CONTINUED TO FOCUS ON ON-GOING PRIORITY AREAS AND COLLABORATING WITH COMMUNITY PARTNERS. THE HOSPITAL'S FY17 COMMUNITY BENEFIT OPERATIONS EXPENSE TOTALED $243,229.
SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	N/A. MIDDLESEX HOSPITAL IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.
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 THE HEALTHCARE ADVOCATE. 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 THE HEALTHCARE ADVOCATE.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	CT

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: MIDDLESEX HOSPITAL

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.

1 **(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) FRIENDS OF LONG HILL 421 WADSWORTH STREET, MIDDLETOWN, CT 06457	06-1546991	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
(2) MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER SUITE 230, MIDDLETOWN, CT 06457	06-0665170	501(C)(3)	10,000	0	N/A	N/A	CORPORATE GIFT
(3) COMMUNITY FOUNDATION OF MIDDLESEX COUNTY 211 SOUTH MAIN STREET, MIDDLETOWN, CT 06457	06-1477711	501(C)(3)	5,000	0	N/A	N/A	(SEE STATEMENT)
(4) MIDDLESEX CHAMBER OF COMMERCE 393 MAIN STREET, MIDDLETOWN, CT 06457	06-0452410	501(C)(6)	37,000	0	N/A	N/A	(SEE STATEMENT)
(5) HEALTH ASSISTANCE INTERVENTION EDUCATION NETWORK 835 WEST QUEEN STREET 2ND FLOOR, SOUTHINGTON, CT 06489	51-0642913	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
(6) FLORIDA HOSPITAL ASSOCIATION RESEARCH AND EDUCATION F 307 PARK LAKE CIRCLE, ORLANDO, CT 32803	59-6151162	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
(7) TEXAS HOSPITAL ASSOCIATION FOUNDATION 1108 LAVACA, AUSTIN, TX 78701	26-0597324	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
(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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **Schedule I (Form 990) (2016)**

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.

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	COMMUNITY FOUNDATION OF MIDDLESEX COUNTY: SUPPORT OF COMMUNITY FOUNDATION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MIDDLESEX CHAMBER OF COMMERCE: SPONSORSHIIP OF VETERAN DAY BREAKFAST
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	EACH OF THE ORGANIZATIONS HAS A FORMAL PROCESS FOR ENSURING THE GRANT MONEY RECEIVED IS USED FOR APPROPRIATE PURPOSES VIA GRANT COMMITTEES.

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.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization: MIDDLESEX HOSPITAL

Employer identification number: 06-0646718

Part I Questions Regarding Compensation

			Yes	No
1a	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.			

☐ First-class or charter travel
☑ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account
☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☑ Health or social club dues or initiation fees
☑ Personal services (such as, maid, chauffeur, chef)

			Yes	No
b	If any of the boxes on 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 . . .	**1b**	✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . .	**2**	✓	
3	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.			

☑ Compensation committee
☑ Independent compensation consultant
☑ Form 990 of other organizations
☐ Written employment contract
☑ Compensation survey or study
☑ Approval by the board or compensation committee

			Yes	No
4	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:			
a	Receive a severance payment or change-of-control payment? . . .	**4a**		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . .	**4b**	✓	
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . .	**4c**		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	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:			
a	The organization? . . .	**5a**		✓
b	Any related organization? . . .	**5b**		✓
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization? . . .	**6a**		✓
b	Any related organization? . . .	**6b**		✓
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . .	**7**		✓
8	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 . . .	**8**		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . .	**9**		

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 aren't 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				
VINCENT G. CAPECE, JR	(i)	700,384	162,000	193,933	468,725	41,472	1,566,514	355,933
1 PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0
DAVID BAGGISH, MD	(i)	307,385	9,339	0	21,200	16,318	354,243	0
2 SECRETARY & CHIEF DEPT OF MEDICINE	(ii)	0	0	0	0	0	0	0
SUSAN MARTIN	(i)	383,149	159,000	14,855	36,416	23,119	616,539	78,855
3 VP FINANCE/TREASURER	(ii)	0	0	0	0	0	0	0
GARRETT HAVICAN	(i)	169,933	35,000	23,011	14,287	16,714	258,945	58,011
4 FORMER VP OPERATIONS	(ii)	0	0	0	0	0	0	0
JESSE WAGNER, MD	(i)	402,380	53,000	35,725	136,830	28,504	656,438	88,725
5 VP QUALITY AND PATIENT SAFETY	(ii)	0	0	0	0	0	0	0
JACQUELYN CALAMARI	(i)	236,352	0	131,952	95,429	21,621	485,354	25,438
6 VP NURSING	(ii)	0	0	0	0	0	0	0
EVAN JACKSON	(i)	185,521	15,000	0	50,841	13,548	264,909	0
7 VP STRATEGIC PLANNING AND CIO	(ii)	0	0	0	0	0	0	0
DAVID GIUFFRIDA	(i)	269,682	69,000	25,042	109,402	4,996	478,121	25,042
8 VP FACILITIES AND SUPPORT SERVICES	(ii)	0	0	0	0	0	0	0
ARTHUR MCDOWELL	(i)	375,517	54,000	94,311	96,980	31,232	652,040	54,000
9 VP CLINICAL AFFAIRS	(ii)	0	0	0	0	0	0	0
GREGORY NOKES	(i)	240,784	46,000	102,480	83,200	19,799	492,263	46,000
10 VP HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
MICHAEL SAXE	(i)	399,589	22,750	19,503	21,200	31,435	494,476	19,503
11 CHAIRMAN EMERGENCY MEDICINE	(ii)	0	0	0	0	0	0	0
JONATHAN BANKOFF, MD	(i)	287,614	78,147	0	12,666	22,962	401,389	0
12 PHYSICIAN EMERGENCY DEPARTMENT	(ii)	0	0	0	0	0	0	0
MARIO CAPUZZI, MD	(i)	261,256	87,057	0	15,761	22,161	386,236	0
13 MEDICAL DIRECTOR ED	(ii)	0	0	0	0	0	0	0
DAVID COSENTINO	(i)	302,662	46,432	0	18,550	22,788	390,432	0
14 PHYSICIAN EMERGENCY DEPARTMENT	(ii)	0	0	0	0	0	0	0
JEFFREY SHELTON, MD	(i)	353,735	67,000	0	6,700	16,821	444,256	0
15 ASSOC DIRECTOR FAMILY PRACTICE	(ii)	0	0	0	0	0	0	0
ALAN DOUGLASS, MD	(i)	302,781	46,304	0	20,300	23,623	393,008	0
16 DIRECTOR FAMILY PRACTICE	(ii)	0	0	0	0	0	0	0

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 - Identifier	Explanation
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. TO THE EXTENT THIS MEMBERSHIP IS USED FOR PERSONAL REASONS THE ASSOCIATED COST IS INCLUDED IN THE TAXABLE INCOME OF THE EXECUTIVE STAFF MEMBER ACCORDING TO IRS RULES AND REGULATIONS. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION. VINCENT CAPECE
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. GREGORY NOKES
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. GREGORY NOKES SUSAN MARTIN VINCENT CAPECE
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	NONQUALIFIED RETIREMENT BENEFITS ARE PROVIDED AS PART OF A COMPETITIVE TOTAL COMPENSATION PROGRAM AND TO ENCOURAGE RETENTION OF KEY EXECUTIVES. THE NONQUALIFIED RETIREMENT PLAN BENEFIT ACCRUES ANNUALLY AND EACH YEAR'S CONTRIBUTION VESTS AFTER THREE (3) YEARS OF SERVICE. THE AMOUNT OF THE VESTED BENEFITS IS CONSIDERED "INCOME" TO THE EXECUTIVE'S W-2 FORM AND IS TAXABLE. CERTAIN EXECUTIVES ALSO PARTICIPATE IN A FORMER PLAN, WHERE ACCRUALS CEASED IN 2010 AND THE VESTED BENEFITS WILL BE DISTRIBUTED ON TERMINATION OF EMPLOYMENT. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE NONQUALIFIED RETIREMENT PLAN. THE AMOUNTS REPORTED BELOW ARE THE SERP VESTED AMOUNTS PAID TO THE EMPLOYEE DURING CALENDAR YEAR 2016: ARTHUR MCDOWELL $0.10 SUSAN MARTIN $14,855 VINCENT CAPECE $193,933 MICHAEL SAXE, MD $19,503 JESSE WAGNER, MD $35,725 GARRETT HAVICAN $23,011 DAVID GIUFFRIDA $25,042 JACQUELYN CALAMARI $25,438 THE AMOUNTS REPORTED BELOW ARE THE SERP AUTO-VESTED AMOUNTS MADE DIRECTLY TO THE EMPLOYEES > 62.5 YEARS OLD: JACQUELYN CALAMARI $106,514 ARTHUR MCDOWELL $94,311 GREGORY NOKES $102,480 THE FOLLOWING PARTICIPANTS HAD FUNDS CONTRIBUTED TO THEIR SERP ACCOUNT IN 2016: DAVID GIUFFRIDA $25,869 VINCENT CAPECE $206,550 SUSAN MARTIN $15,216 GARRETT HAVICAN $12,300 JESSE WAGNER, MD $38,630 JACQUELYN CALAMARI $12,660 EVAN JACKSON $19,875
SCHEDULE J, PART II, COLUMN (B)(II) - BONUS & INCENTIVE COMPENSATION	THE AMOUNTS REPRESENT INCENTIVE COMPENSATION PAYMENTS MADE IN CALENDAR YEAR 2016. PAYMENTS INCLUDE AMOUNTS EARNED IN 2015 AND DEFERRED, WHERE APPLICABLE.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

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)** Pooled financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF CT HEALTH & EDUCATIONAL FACILITIES AUTH.	06-0806186	20774YAW7		33,803,383	SERIES N REFINANCE 10/9/1997 (SERIES H & I)		✓		✓		✓
B	STATE OF CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186	20774YWD5		19,491,965	SERIES O REFINANCE 12/7/2006 (SERIES L)		✓		✓		✓
C	STATE OF CT HEALTH & EDUCATIONAL FACILITES AUTHORITY	06-0806186	000000000		9,683,000	SERIES P REFINANCE 6/10/2016 (SERIES M)		✓		✓		✓
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,000,000	1,195,000	946,459	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	33,803,651	19,491,965	9,683,000	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	537,971	388,960	193,660	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	0	0	0	
11	Other spent proceeds	33,265,690	19,103,010	9,489,340	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2011	2015	2016	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		✓		✓		✓		
15	Were the bonds issued as part of an advance refunding issue?	✓		✓		✓			
16	Has the final allocation of proceeds been made?	✓		✓		✓			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓			

Part III Private Business Use

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓		✓			
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?		✓		✓		✓		
c	Are there any research agreements that may result in private business use of bond-financed property?		✓		✓		✓		
d	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?								
4	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 . . . ▶	0.00 %		0.00 %		0.00 %		%	
5	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 . . . ▶	0.00 %		0.00 %		0.00 %		%	
6	Total of lines 4 and 5	0.00 %		0.00 %		0.00 %		%	
7	Does the bond issue meet the private security or payment test?		✓		✓		✓		
8a	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?		✓		✓		✓		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	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?	✓		✓		✓			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓		✓		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		✓	✓		✓			
b	Exception to rebate?		✓		✓		✓		
c	No rebate due?	✓			✓		✓		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	07/26/2016							
3	Is the bond issue a variable rate issue?		✓		✓		✓		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓		✓		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

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 isn't available under applicable regulations?	✓		✓		✓			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

(SEE STATEMENT)

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART II, LINE 3 - COLUMN A BOND	THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS IS INTEREST IN THE AMOUNT OF $268 FOR COLUMN A BOND.
SCHEDULE K, PART II, LINE 3 - COLUMN A, B, AND 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.
SCHEDULE K, PART II, LINE 7 - COLUMN A BOND	THIS AMOUNT WILL NOT TIE TO 8038 DUE TO ALLOCATION TO OBLIGATED GROUP.
SCHEDULE K, PART II, LINE 10 - COLUMN A BOND	THIS AMOUNT WILL NOT TIE TO 8038 DUE TO ALLOCATION TO OBLIGATED GROUP.
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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2016
Open To Public Inspection

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the 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
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A **Schedule L (Form 990 or 990-EZ) 2016**

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) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

(SEE STATEMENT)

Part IV **Business Transactions Involving Interested Persons** (continued)

(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 - J. CALAMARI	$108,176	WAGES/COMPENSATION RECEIVED		✓
(2) STEVE MCDOWELL - TRANSPORTATION AND LOGISTICS SUPERVISOR	FAMILY MEMBER - A. MCDOWELL	$105,836	WAGES/COMPENSATION RECEIVED		✓
(3) VICTORIA MCDOWELL - REGISTERED NURSE	FAMILY MEMBER - A. MCDOWELL	$62,452	WAGES/COMPENSATION RECEIVED		✓
(4) GUIFFRIDA ELECTRIC CO.	FAMILY MEMBER - D. GUIFFRIDA	$462,566	PAYMENT FOR SERVICES RENDERED		✓
(5) RUTH WAGNER - REGISTERED NURSE	FAMILY MEMBER - J WAGNER	$80,318	WAGES/COMPENSATION RECEIVED		✓
(6) GIUFFRIDA ENGINEERING, INC.	FAMILY MEMBER OF D. GIUFFRIDA	$18,405	PAYMENT FOR SERVICES RENDERED		✓

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - RELATED PARTIES	ANNE CALAMARI, LCSW COORDINATOR, IS THE DAUGHTER OF JACQUELYN CALAMARI, VP NURSING. ANNE CALAMARI'S WAGES FOR 10/01/16 TO 09/30/17 TOTALED $108,176. STEVE MCDOWELL, TRANSPORTATION AND LOGISTICS SUPERVISOR, IS THE BROTHER OF ARTHUR MCDOWELL, VICE PRESIDENT OF CLINICAL AFFAIRS. STEVE MCDOWELL'S WAGES FOR 10/01/16 TO 09/30/17 TOTALED $105,836. VICTORIA MCDOWELL, REGISTERED NURSE, IS THE SISTER-IN-LAW OF ARTHUR MCDOWELL, VICE PRESIDENT OF CLINICAL AFFAIRS. VICTORIA MCDOWELL'S WAGES FOR 10/01/16 TO 09/30/17 TOTALED $62,452. COS GIUFFRIDA AND GIULIO GIUFFRIDA, FATHER AND UNCLE OF DAVID GIUFFRIDA, RESPECTIVELY, ARE OWNERS OF GIUFFRIDA ELECTRIC. GUIFFRIDA ELECTRIC PROVIDES ELECTRICAL CONTRACTING SERVICES TO MIDDLESEX HOSPITAL SINCE 1970. AMOUNTS PAID BY THE HOSPITAL FOR SERVICES RENDERED DURING FY17 TOTALED $462,566. RUTH WAGNER, CCU REGISTERED NURSE, IS THE WIFE OF JESSE WAGNER, VP QUALITY & SAFETY. RUTH WAGNER'S WAGES FOR 10/01/16 TO 09/30/17 TOTALED $80,318. COS GIUFFRIDA AND GIULIO GIUFFRIDA, FATHER AND UNCLE OF DAVID GIUFFRIDA, RESPECTIVELY, ARE OWNERS OF GIUFFRIDA ENGINEERING. GUIFFRIDA ENGINEERING PROVIDES ENGINEERING CONTRACTING SERVICES TO MIDDLESEX HOSPITAL SINCE 1970. AMOUNTS PAID BY THE HOSPITAL FOR SERVICES RENDERED DURING FY17 TOTALED $18,405.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

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	✓	5	209,348	SELLING COST
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 isn't required to be used for exempt purposes for the entire holding period?	30a		✓
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?	31	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J **Schedule M (Form 990) (2016)**

Schedule O (Form 990)
Department of Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the Organization	Employer Identification Number
MIDDLESEX HOSPITAL	06-0646718

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	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.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	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.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	HELICOPTER TRANSPORTS. MIDDLESEX HOSPITAL IS COMMITTED TO PROVIDING THE HIGHEST STANDARD OF CARE FOR BOTH THE PHYSICAL AND BEHAVIORAL HEALTH NEEDS OF OUR PSYCHIATRIC PATIENTS. THE EMERGENCY DEPARTMENT AT THE HOSPITAL HOUSES AN EIGHT BED EMERGENCY DEPARTMENT CRISIS UNIT. TREATMENT IS PROVIDED REGARDLESS OF THE PATIENT'S BACKGROUND OR STATUS. ED SERVICES ARE STAFFED WITH CLINICAL PERSONNEL SPECIFICALLY TRAINED TO CARE FOR THE UNIQUE NEEDS OF THEIR PATIENTS (PSYCHIATRISTS, STAFF NURSES, PATIENT CARE TECHNICIANS/MENTAL HEALTH WORKERS, SECRETARIES, NURSE EDUCATOR, SOCIAL WORKERS, COTAS, OT AND OTHERS). TOGETHER THE STAFF PARTNERS WITH HOSPITAL STAFF AND COMMUNITY RESOURCES TO DEVELOP THE BEST CARE PLAN FOR PATIENTS THROUGHOUT THEIR STAY IN THE HOSPITAL AND UPON DISCHARGE. IN FY 17, THE EMERGENCY ROOM ACTIVITY ACCOUNTED FOR 78,659 EMERGENCY DEPARTMENT VISITS. DEMAND CONTINUES TO RISE AND THE SERVICES PROVIDED CONTINUE TO BE RECOGNIZED FOR CONTINUOUS PATIENT SATISFACTION IN PARTICULAR AS A RECIPIENT OF THE PRESS GANEY SUMMIT AWARD FOR ACHIEVING A 99% CUSTOMER SATISFACTION RATING FOR TWELVE CONSECUTIVE YEARS.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $118,504,387 INCLUDING GRANTS OF $82,000)(REVENUE $118,669,371) OTHER SERVICES INCORPORATE A WIDE RANGE OF CARE PROVIDED TO PATIENTS THAT ARE NOT SPECIFICALLY CAPTURED IN THE THREE LARGEST CATEGORIES. THIS DESIGNATION ACCOUNTS FOR APPROXIMATELY 500,000 VISITS. THESE SERVICES INCLUDE CARE PROVIDED AT THE CANCER CENTER SUCH AS DIAGNOSTIC TESTING, TREATMENT AND SUCH SUPPORTS AS ALTERNATIVE MEDICINE THERAPIES/INTEGRATIVE MEDICINES, AND HEREDITARY RISK ASSESSMENTS. PHYSICAL MEDICINE AND REHABILITATION SERVICES ALSO ARE FOLDED INTO THIS GROUPING. SERVICES ARE AVAILABLE AT MULTIPLE LOCATIONS WHICH OFFER COMPREHENSIVE REHABILITATION AND OCCUPATIONAL MEDICINE AND PHYSICAL THERAPY (INCLUDING HAND THERAPY) SERVICES. CARE IS DELIVERED BY EXPERIENCED, HIGHLY-QUALIFIED STAFF, WITH ADVANCED TRAINING IN PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY AND RELATED FIELDS. IN EACH CLINICAL CASE, PATIENTS ARE EVALUATED AND RECEIVE A UNIQUE TREATMENT PLAN, WHICH INCLUDES DESIRED GOALS, ANTICIPATED OUTCOMES AND THE TIME FRAME NECESSARY TO ACHIEVE CLINICALLY OPTIMAL RESULTS. ADDITIONAL SERVICES ARE AVAILABLE BY THE WOUND AND SKIN TEAM AT MIDDLESEX HOSPITAL. THE MULTIDISCIPLINARY TEAM PROVIDES TREATMENT WHICH FOCUSES ON CLINICAL WOUND, OSTOMY AND SKIN ISSUES. THE HOSPITAL HAS CAREFUL AND ONGOING SERVICES FOR INDIVIDUALS WITH CHRONIC DISEASES. A SAMPLING OF SUCH PROGRAMS INCLUDE PULMONARY REHABILITATION SERVICES WHICH PROVIDE RESPIRATORY THERAPY AND CARE FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE AS WELL AS DIABETES EDUCATION AND MEDICAL NUTRITION THERAPY AT THE CENTER FOR CHRONIC CARE MANAGEMENT PROVIDED TO INDIVIDUALS WITH A NEW DIAGNOSIS AND UNCONTROLLED DIABETES. MANY BEHAVIORAL HEALTH SERVICES ARE PROVIDED TO PATIENTS IN THE OUTPATIENT SETTING IN ADDITION TO COUNSELING AND SUPPORT GROUPS. PROGRAMS INCLUDE THE DAY TREATMENT PROGRAM (INTENSIVE OUTPATIENT SERVICES FOR ADULTS, GERIATRIC PATIENTS, AND DUALLY-DIAGNOSED PATIENTS), SERVICES AT THE OUTPATIENT CENTER FOR BEHAVIORAL HEALTH (PSYCHOTHERAPY AND MEDICATION MANAGEMENT FOR ADULTS) AND THE FAMILY ADVOCACY PROGRAM (MENTAL HEALTH TREATMENT FOR PATIENTS UNDER 18 YEARS OLD AND THEIR FAMILIES). IN FISCAL YEAR ENDING 9/30/2017, THERE WERE 7,331 REVENUE GENERATING AMBULATORY SURGERY CASES FROM ENDOSCOPY/COLONOSCOPY TO ORTHOPEDIC AND OTHER OUTPATIENT PROCEDURES. AMBULATORY OR OUTPATIENT SURGERY IS PERFORMED AT MIDDLESEX HOSPITAL AND THE MIDDLESEX OUTPATIENT CENTER.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	CAROL WALLACE & ERIC THORNBURG - BUSINESS RELATIONSHIP ERIC THORNBURG & CHANDLER HOWARD - BUSINESS RELATIONSHIP JEAN D'AQUILA & CHANDLER HOWARD - BUSINESS RELATIONSHIP VINCENT CAPECE & CHANDLER HOWARD - BUSINESS RELATIONSHIP JEAN D'AQUILA & ERIC THORNBURG - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE SOLE MEMBER OF THE HOSPITAL SHALL BE MIDDLESEX HEALTH SYSTEM, INC., A CONNECTICUT NON-STOCK CORPORATION, OR ITS SUCCESSOR IN INTEREST ("SOLE MEMBER").
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE ANNUAL ELECTION OF THE BOARD OF DIRECTORS OF THE HOSPITAL BY THE DULY AUTHORIZED REPRESENTATIVE OF THE SOLE MEMBER SHALL BE DEEMED THE ANNUAL MEETING OF THE MEMBERSHIP OF THE HOSPITAL FOR ALL PURPOSES.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE SOLE MEMBER, MIDDLESEX HEALTH SYSTEM, INC., SHALL HAVE ALL OF THE MEMBERSHIP RIGHTS CONFERRED BY LAW, THE CERTIFICATE OF INCORPORATION OR THE 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. THE SECRETARY OF THE HOSPITAL SHALL PROVIDE APPROPRIATE NOTICES TO THE SOLE MEMBER AS REQUIRED BY LAW IN ADVANCE OF ACTIONS BEING REQUESTED OF THE SOLE MEMBER BY THE BOARD OF DIRECTORS OF THE HOSPITAL.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	DRAFT FORMS OF THE 990, INCLUDING REQUIRED SCHEDULES, ARE PROVIDED TO EACH BOARD MEMBER FOR REVIEW. MEMBERS REVIEW THE DOCUMENTS, HIGHLIGHT ANY SIGNIFICANT CHANGES AND ATTEST THEIR APPROVAL. ANY QUESTIONS OR COMMENTS ARE PRESENTED TO EXECUTIVE MANAGEMENT PRIOR TO FILING. A COPY OF THE FINAL FORM 990 WILL BE PROVIDED TO THE BOARD PRIOR TO FILING WITH THE IRS VIA A WEB BASED COMMUNICATION PORTAL.
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 OFFICER. INFORMATION REPORTED IS CONSIDERED PERSONAL AND CONFIDENTIAL AND ONLY DISCLOSED WHEN DEEMED NECESSARY TO PROTECT THE HOSPITAL AGAINST THE EFFECTS OF CONFLICTS OF INTEREST AND ONLY AFTER ADVISING THE REPORTING PERSON OF THE PROPOSED DISCLOSURE AND OF ITS EXTENT. MATERIAL CONFLICTS ARE REPORTED TO THE BOARD'S 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. 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.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	EXECUTIVE TEAM COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. THE COMMITTEE HAS A CHARTER AND A POLICY STATEMENT SETTING FORTH A PROCESS AND CERTAIN GUIDELINES FOR DETERMINING COMPENSATION. EXECUTIVES RECEIVE A BASE SALARY AND HAVE THE OPPORTUNITY FOR INCENTIVE COMPENSATION WITHIN A RANGE SET BY THE POLICY. FOLLOWING THE CLOSE OF EACH FISCAL YEAR, THE COMMITTEE RECEIVES A MARKET ANALYSIS FROM INDEPENDENT CONSULTANTS REGARDING COMPENSATION AT PEER GROUPS OF COMPARABLE HOSPITALS AND HEALTH SYSTEMS. POSITIONS WITHIN THE EXECUTIVE TEAM ARE COMPARED TO BENCHMARK POSITIONS WITHIN THIS MARKET DATA AND THEIR COMPENSATION IS COMPARED TO THE DATA 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, APPROVES OR MODIFIES THEM, AND ALSO DETERMINES ANY INCENTIVE AWARD AND BASE SALARY ADJUSTMENT FOR THE CEO. THE CONSULTANTS PROVIDE A WRITTEN OPINION ANNUALLY CONFIRMING THAT THE COMPENSATION OF THE EXECUTIVES, AS ADJUSTED BY THIS PROCESS, IS "REASONABLE" WITHIN APPLICABLE IRS GUIDELINES. THE LAST COMPENSATION REVIEW OCCURRED 12/2016.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	KEY EMPLOYEE COMPENSATION IS SET FOLLOWING THE GUIDELINES SET FORTH IN THE HOSPITAL COMPENSATION POLICY. THE OBJECTIVE OF THIS POLICY IS TO PAY EMPLOYEES BASED UPON HOSPITAL NEED, THE PROPER EXTERNAL LABOR MARKET AND PERFORMANCE. THE LAST COMPENSATION REVIEW OCCURRED 12/2016.
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.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	**(b)** Amount
CHANGE IN ACCUMULATED PENSION CHARGES	16,716,000
CAPITAL DISTRIBUTIONS TO RELATED ENTITIES	- 8,089,000
EXPENDITURES FROM RESTRICTED FUNDS	- 788,000

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047
2016
Open to Public Inspection

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) MIDDLESEX HEALTH SYSTEM, INC. (22-2676137) 28 CRESCENT STREET, MIDDLETOWN, CT 06457	SUPPORT	CT	501(C)(3)	12 TYPE II	N/A		✓
(2) MIDDLESEX HEALTH SERVICES, INC. (22-2676140) 28 CRESCENT STREET, MIDDLETOWN, CT 06457	ASST. LIVING	CT	501(C)(3)	9	MIDDLESEX HEALTH SYSTEM		✓
(3) MIDDLESEX HOSPITAL FOUNDATION (27-3720822) 28 CRESCENT STREET, MIDDLETOWN, CT 06457	SUPPORT	CT	501(C)(3)	12 TYPE II	MIDDLESEX HOSPITAL	✓	
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y **Schedule R (Form 990) 2016**

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**	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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**
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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
1	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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to related organization(s)	1b	✓	
c	Gift, grant, or capital contribution from related organization(s)	1c		✓
d	Loans or loan guarantees to or for related organization(s)	1d	✓	
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	✓	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	✓	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✓
o	Sharing of paid employees with related organization(s)	1o	✓	
p	Reimbursement paid to related organization(s) for expenses	1p	✓	
q	Reimbursement paid by related organization(s) for expenses	1q	✓	
r	Other transfer of cash or property to related organization(s)	1r		✓
s	Other transfer of cash or property from related organization(s)	1s		✓

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(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**
(1) MIDDLESEX HEALTH RESOURCES, INC. (06-1089925) 28 CRESCENT STREET, MIDDLETOWN, CT 06457	HEALTHCARE	CT	MIDDLESEX HEALTH SYSTEM	C CORPORATION			N/A		✓
(2) INTEGRATED RESOURCES FOR THE MIDDLESEX AREA, LLC (06-1462230) 28 CRESCENT STREET, MIDDLETOWN, CT 06457	OUTPATIENT CARE	CT	MIDDLESEX HEALTH SYSTEM	C CORPORATION			N/A		✓
(3) MHS PRIMARY CARE, INC. (06-1472743) 28 CRESCENT STREET, MIDDLETOWN, CT 06457	HEALTHCARE	CT	MIDDLESEX HEALTH SYSTEM	C CORPORATION			N/A		✓

PUBLIC DISCLOSURE COPY

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0687

2016

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

For calendar year 2016 or other tax year beginning 10/01, 2016, and ending 09/30, 20 17.

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t*.

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

A ☐ Check box if address changed

B Exempt under section
☑ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 471,471,154

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
MIDDLESEX HOSPITAL

Number, street, and room or suite no. If a P.O. box, see instructions.
28 CRESCENT STREET

City or town, state or province, country, and ZIP or foreign postal code
MIDDLETOWN, CT 06457

D Employer identification number (Employees' trust, see instructions.)
06-0646718

E Unrelated business activity codes (See instructions.)
621500 812300

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. ▶ (SEE STATEMENT)

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . ▶ ☑ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ▶ MIDDLESEX HEALTH SYSTEM, INC. 22-2676137

J The books are in care of ▶ SHANNON ST HILAIRE Telephone number ▶ (860) 358-6000

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 8,801,762				
b	Less returns and allowances 5,972,395 c Balance ▶	1c	2,829,367		
2	Cost of goods sold (Schedule A, line 7)	2	1,520,608		
3	Gross profit. Subtract line 2 from line 1c	3	1,308,759		1,308,759
4a	Capital gain net income (attach Schedule D)	4a	0		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0		0
c	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from partnerships and S corporations (attach statement)	5	0		0
6	Rent income (Schedule C)	6	0	0	0
7	Unrelated debt-financed income (Schedule E)	7	0	0	0
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0	0
10	Exploited exempt activity income (Schedule I)	10	0	0	0
11	Advertising income (Schedule J)	11	0	0	0
12	Other income (See instructions; attach schedule)	12	0		0
13	**Total.** Combine lines 3 through 12	13	1,308,759	0	1,308,759

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	0
15	Salaries and wages			15	842,915
16	Repairs and maintenance			16	0
17	Bad debts			17	0
18	Interest (attach schedule)			18	0
19	Taxes and licenses			19	0
20	Charitable contributions (See instructions for limitation rules)			20	0
21	Depreciation (attach Form 4562)	21	75,940		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0	22b	75,940
23	Depletion			23	0
24	Contributions to deferred compensation plans			24	0
25	Employee benefit programs			25	278,298
26	Excess exempt expenses (Schedule I)			26	0
27	Excess readership costs (Schedule J)			27	0
28	Other deductions (attach schedule)			28	0
29	**Total deductions.** Add lines 14 through 28			29	1,197,153
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	111,606
31	Net operating loss deduction (limited to the amount on line 30)			31	0
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	111,606
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	110,606

For Paperwork Reduction Act Notice, see instructions. Cat. No. 11291J Form **990-T** (2016)

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)** $ 50,000 **(2)** $ 25,000 **(3)** $ 35,606				
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750)		$ 7,323		
	(2) Additional 3% tax (not more than $100,000)		$		
c	Income tax on the amount on line 34 ▶			**35c**	33,179
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**	33,179

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**	33,179
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			**43**	0
44	**Total tax.** Add lines 42 and 43			**44**	33,179
45a	Payments: A 2015 overpayment credited to 2016	**45a**	146,777		
b	2016 estimated tax payments	**45b**	100,000		
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 0 Total ▶	**45g**	0		
46	**Total payments.** Add lines 45a through 45g			**46**	246,777
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**	0
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			**49**	213,598
50	Enter the amount of line 49 you want: **Credited to 2017 estimated tax** ▶ 213,598 **Refunded** ▶			**50**	0

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

		Yes	No
51	At any time during the 2016 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 ▶		✓
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.		✓
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

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

Date

Title: VP FINANCE & TREASURER

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

Paid Preparer Use Only

Print/Type preparer's name KRISTIN ANDERSON	Preparer's signature Kristin M. Anderson	Date 7/12/2018	Check ☐ if self-employed	PTIN P01231300
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶ 35-0921680	
Firm's address ▶ 175 POWDER FOREST DRIVE, SIMSBURY, CT 06089			Phone no. (860) 678-9200	

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MIDDLESEX HOSPITAL	Employer identification number (EIN) or 06-0646718
	Number, street, and room or suite no. If a P.O. box, see instructions. 28 CRESCENT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIDDLETOWN, CT 06457	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ SHANNON ST HILAIRE

Telephone No. ▶ (860) 358-6000 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . . . . ▶ ☐ . If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15 , 20 18 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or
▶ ☑ tax year beginning 10/01 , 20 16 , and ending 09/30 , 20 17 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 15,593
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 246,777
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Cat. No. 27916D Form **8868** (Rev. 1-2017)

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

1	Inventory at beginning of year	1	0	6	Inventory at end of year . . .	6	0
2	Purchases	2	0	7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	1,520,608
3	Cost of labor	3	0				
4a	Additional section 263A costs (attach schedule)	4a	0	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No ✓
b	Other costs (attach schedule)	4b	1,520,608				
5	**Total.** Add lines 1 through 4b	5	1,520,608				

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		**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total 0	Total 0	**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . ▶	0	

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 schedule)	**(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 × column 6)	**8.** Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals . . . . ▶			0	0
Total dividends-received deductions included in column 8 . . . . ▶				0

Form **990-T** (2016)

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

Exempt Controlled Organizations

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals . . . . . ▶			0	0

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals . . . . ▶	0			0

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

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

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

Form **990-T** (2016)

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I . . . . ▶	0	0				0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) . . . . . ▶	0	0				0

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

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

Form **990-T** (2016)

Form 990T, Part III, Line 35c

Tax Computation Worksheet for Members of a Controlled Group

1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	110,606
2	Enter line 1 or corporation's share of the $50,000 taxable income bracket, whichever is less	50,000
3	Subtract line 2 from line 1	60,606
4	Enter line 3 or corporation's share of the $25,000 taxable income bracket, whichever is less	25,000
5	Subtract line 4 from line 3	35,606
6	Enter line 5 or corporation's share of the $9,925,000 taxable income bracket, whichever is less	35,606
7	Subtract line 6 from line 5	
8	Enter 15% of line 2	7,500
9	Enter 25% of line 4	6,250
10	Enter 34% of line 6	12,106
11	Enter 35% of line 7	
12	If the taxable income of the controlled group exceeds $100,000, enter this member's share of the smaller of: (a) 5% of the excess over $100,000, or (b) $11,750 (see instructions for additional 5% and addtional 3% tax)	7,323
13	If the taxable income of the controlled group exceeds $15 million, enter this member's share of the smaller of: (a) 3% of the excess over $15 million, or (b) $100,000 (see instructions for additional 5% and addtional 3% tax)	
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	33,179

Form 990T Part IV, Line 45b

Estimated Tax Payments

Date	Amount
01/13/2017	50,000
03/13/2017	50,000
Totals	**100,000**

Schedule A, Line 4b

Other Costs

Description	Amount
Specimen Laboratory	
(1) Lab Supplies and Other Expenses	1,187,250
Technical Laboratory	
(2) Lab Supplies and Other Expenses	315,892
Outside Laundry	
(3) Other Expenses	17,466
Total for Schedule A, Line 4b	**1,520,608**

SCHEDULE O (Form 1120)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Information about Schedule O (Form 1120) and its instructions is available at *www.irs.gov/form1120*.

OMB No. 1545-0123

Name: MIDDLESEX HOSPITAL

Employer identification number: 06-0646718

Part I Apportionment Plan Information

1 Type of controlled group:
- a ☐ Parent-subsidiary group
- b ☑ Brother-sister group
- c ☐ Combined group
- d ☐ Life insurance companies only

2 This corporation has been a member of this group:
- a ☑ For the entire year.
- b ☐ From ______, 20 ____, until ______, 20 ____ .

3 This corporation consents and represents to:
- a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on ______, 20 ____, and for all succeeding tax years.
- b ☑ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending 09/30, 20 17, and for all succeeding tax years.
- c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on ______, 20 ____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- a ☐ Elected by the component members of the group.
- b ☐ Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- a ☐ No apportionment plan is in effect and none is being adopted.
- b ☐ An apportionment plan is already in effect. It was adopted for the tax year ending ______, 20 ____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
- a ☐ Yes.
  - *(i)* ☐ The statute of limitations for this year will expire on ______, 20 ____.
  - *(ii)* ☐ On ______, 20 ____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until ______, 20 ____.
- b ☐ No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).
- a ☐ The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b ☐ The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c ☐ The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120. Cat. No. 48100N **Schedule O (Form 1120) (Rev. 12-2012)**

Part II Taxable Income Apportionment (See instructions)

Caution: *Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.*

(a) Group member's name and employer identification number		**(b)** Tax year end (Yr-Mo)	**Taxable Income Amount Allocated to Each Bracket**				
			(c) 15%	**(d)** 25%	**(e)** 34%	**(f)** 35%	**(g)** **Total** (add columns (c) through (f))
1 MIDDLESEX HOSPITAL	60646718	17-09	50,000	25,000	35,606	0	110,606
2 MIDDLESEX HEALTH RESOURCES, INC.	61089925	17-09	0	0	135,857	0	135,857
3 MHS PRIMARY CARE, INC.	61472743	17-09	0	0	0	0	0
4 INTEGRATED RESROUCES FOR THE MIDDLESEX AREA	61462230	17-09	0	0	0	0	0
5							
6							
7							
8							
9							
10							
Total			50,000	25,000	171,463	0	246,463

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 MIDDLESEX HOSPITAL	7,500	6,250	12,106	0	7,323	0	33,179
2 MIDDLESEX HEALTH RESOURCES, INC.	0	0	46,191	0	0	0	46,191
3 MHS PRIMARY CARE, INC.	0	0	0	0	0	0	0
4 INTEGRATED RESROUCES FOR THE MIDDLESEX AREA	0	0	0	0	0	0	0
5							
6							
7							
8							
9							
10							
Total	7,500	6,250	58,297	0	7,323	0	79,370

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 MIDDLESEX HOSPITAL	0	0	0	0	0
2 MIDDLESEX HEALTH RESOURCES, INC.	0	40,000	0	0	0
3 MHS PRIMARY CARE, INC.	0	0	0	0	0
4 INTEGRATED RESROUCES FOR THE MIDDLESEX AREA	0	0	0	0	0
5					
6					
7					
8					
9					
10					
Total	0	40,000	0	0	0

Form 990-T Supplemental Information

Return Reference - Identifier	Explanation
FORM 990-T, SECTION H - ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	MEDICAL AND DIAGNOSTIC LABORATORY SERVICES FOR NON-HOSPITAL PATIENTS, OUTSIDE LAUNDRY SERVICES