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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <b>2008</b>
	The organization may have to use a copy of this return to satisfy state reporting requirements	<b>Open to Public Inspection</b>

<b>A For the 2008</b>		<b>calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Middlesex Hospital		<b>D</b> Employer identification number 06-0646718
		Doing Business As		<b>E</b> Telephone number (860) 358-6395
		Number and street (or P O box if mail is not delivered to street address) 28 Crescent Street	Room/suite	<b>G</b> Gross receipts \$ 342,089,904
		City or town, state or country, and ZIP + 4 Middletown, CT 06457		
<b>F</b> Name and address of Principal Officer Vincent Capece - Sr VP COO 28 Crescent Street Middletown, CT 06457		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )		
<b>J</b> Web site: www.middlesexhospital.org		<b>H(c)</b> Group Exemption Number		
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		<b>L</b> Year of Formation 1895	<b>M</b> State of legal domicile CT	

## Part I Summary

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its 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	9
	5	Total number of employees (Part V, line 2a) . . . . .	5	2,983
	6	Total number of volunteers (estimate if necessary) . . . . .	6	681
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	7a	6,363,597
	b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) . . . . .	4,826,178	3,497,724
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	295,780,189	323,398,467
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,601,152	91,241
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,057,953	291,270
			307,265,472	327,278,702
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	165,035,337	176,674,972
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>756,702</u> )		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	129,628,135	132,714,044
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	294,663,472	309,389,016
	19	Revenue less expenses Subtract line 18 from line 12	12,602,000	17,889,686
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	348,174,000	374,372,000
	21	Total liabilities (Part X, line 26)	172,370,000	236,262,000
	22	Net assets or fund balances Subtract line 21 from line 20	175,804,000	138,110,000

## Part II Signature Block

Please 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 officer) is based on all information of which preparer has any knowledge.				
	*****		2010-08-12		
	Signature of officer		Date		
	Vincent Capece Sr VP & COO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4		KPMG LLP TWO FINANCIAL CTR 60 SOUTH ST BOSTON, MA 02111		EIN
					Phone no (617) 988-1000

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

Part II

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission  
  
MIDDLESEX HOSPITAL IS COMMITTED TO PROVIDING HIGH QUALITY INPATIENT AND OUTPATIENT HEALTHCARE SERVICES THE HOSPITAL RECOGNIZES COMMUNITY TRANSPARENCY AND INTEGRITY AS FUNDAMENTAL RESPONSIBILITIES

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 exempt purpose achievements for each of the organization’s three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 75,106,315 including grants of \$ ) (Revenue \$ 137,599,717 )

INPATIENT CARE In the fiscal year ending 9/30/2009, Inpatient care represented 13,964 discharges and 57,628 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 See Schedule O for further detail

4b

(Code ) (Expenses \$ 56,340,071 including grants of \$ ) (Revenue \$ 47,297,625 )

MIDDLESEX HOSPITAL EMERGENCY DEPARTMENT 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 Essex and the Middlesex Hospital Medical Center in Marlborough 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 See Schedule O for further detail

4c

(Code ) (Expenses \$ 33,279,604 including grants of \$ ) (Revenue \$ 41,858,658 )

AMBULATORY OR OUTPATIENT SURGERY Outpatient Services offer the latest in diagnostic testing and laboratory services, ambulatory surgery options, and rehabilitation and sports medicine services In FY 09 there were 9,399 revenue generating Ambulatory Surgery cases from endoscopy/colonoscopy to orthopedic and other outpatient procedures See Schedule O for further detail

4d






















Other program services (Describe in Schedule O )

(Expenses \$ 96,995,625 including grants of \$ ) (Revenue \$ 90,278,870 )

4e

Total program service expenses \$ 261,721,615 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	<b>1</b>	Yes
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? 	<b>2</b>	Yes
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 	<b>3</b>	No
<b>4</b>	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> 	<b>4</b>	Yes
<b>5</b>	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b>	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	<b>6</b>	No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	<b>7</b>	No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	<b>8</b>	No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	<b>9</b>	No
<b>10</b>	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	<b>10</b>	Yes
<b>11</b>	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	<b>11</b>	Yes
<b>12</b>	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	<b>12</b>	Yes
<b>13</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the U S ?	<b>14a</b>	No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b>	No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>15</b>	No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<b>16</b>	No
<b>17</b>	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> 	<b>17</b>	No
<b>18</b>	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	<b>18</b>	Yes
<b>19</b>	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	<b>19</b>	No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> 	<b>20</b>	Yes
<b>21</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	No
<b>22</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	<b>23</b>	Yes
<b>24a</b>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25</i> 	<b>24a</b>	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	No
<b>25a</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	<b>25a</b>	No
<b>b</b>	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> 	<b>25b</b>	No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> 	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> 	<b>27</b>	No

Part IV

Checklist of Required Schedules (Continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .	28a Yes	
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28b Yes	
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28c	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29 Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34 Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35	No
<b>36</b> 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	No
<b>37</b> Did the organization conduct more than 5 percent 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	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a156		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a2,983		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(12) organizations.</i> 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	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

13

1b

Enter the number of voting members that are independent

9

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

No

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

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or 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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

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

Yes

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Yes

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ own website ☒ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
SUSAN MARTIN  
28 CRESCENT STREET  
Middletown, CT 06457  
(860) 358-3005

## Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

## Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D)  Reportable compensation from the organization (W- 2/1099MISC)	(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			
<b>1b Total . . . . .</b>								6,405,751	0	909,305

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **185**

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

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GE HEALTHCARE PO BOX 640200 PITTSBURGH, PA 15264	EQUIPMENT LEASING	1,369,904
ARAMARK CORPORATION 66 OXFORD DRIVE FRANKLIN, MA 02038	DIETARY/HOUSEKEEPING	1,176,220
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	COMPUTER SOFTWARE	856,480
QUEST DIAGNOSTICS INC 2025 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LABORATORY SERVICES	784,047
PHILBRICK TRANSCRIPTIONS 59 CARMEL HILL ROAD BETHLEHEM, CT 06751	TRANSCRIPTION SVCS	770,907

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a		3,497,724						
	b	Membership dues . . . . .								
		1b								
	c	Fundraising events . . . . .								
		1c								
	d	Related organizations . . . 1d								
	e	Government grants (contributions) 1e 945,744								
	f	All other contributions, gifts, grants, and similar amounts not included above 2,551,980								
		1f								
g	Noncash contributions included in lines 1a-1f \$ 102,489									
h	Total (Add lines 1a-1f) . . . . .		3,497,724							
Program Service Revenue			Business Code							
	2a	Patient Services	900,099	313,159,057	313,159,057					
	b	Specimen Laboratory	621,500	6,328,338		6,328,338				
	c	Outside Laboratory	621,500	19,460		19,460				
	d	Laundry Services	812,300	15,799		15,799				
	e	Cafeteria Revenue	722,210	1,188,436	1,188,436					
	f	All other program service revenue		2,687,377	2,687,377					
	g	Total. Add lines 2a-2f . . . . .								
		➤ \$ 323,398,467								
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . .			1,298,685		1,298,685			
	4	Income from investment of tax-exempt bond proceeds . . . . .			72,556		72,556			
	5	Royalties . . . . .			0					
	6a	Gross Rents	(i) Real	(ii) Personal	207,188					
			207,188							
			207,188							
	b	Less rental expenses								
	c	Rental income or (loss)	207,188							
	d	Net rental income or (loss) . . . . .		207,188						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	13,411,886					
			13,411,886							
			14,691,886							
			-1,280,000							
	b	Less cost or other basis and sales expenses								
	c	Gain or (loss)	-1,280,000							
	d	Net gain or (loss) . . . . .		-1,280,000						
	8a	Gross income from fundraising events (not including \$ 203,398 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . .	a	119,316	84,082					
									b	Less direct expenses . . . .b
									c	Net income or (loss) from fundraising events . . . . .
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . .	a		0					
									b	Less direct expenses . . . .b
									c	Net income or (loss) from gaming activities . . . . .
	10a	Gross sales of inventory, less returns and allowances . . . . .	a		0					
									b	Less cost of goods sold . . . b
									c	Net income or (loss) from sales of inventory . . . . .
	Miscellaneous Revenue		Business Code							
11a										
b										
c										
d	All other revenue									
e	Total. Add lines 11a-11d . . . . . \$ 0									
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		327,278,702	317,034,870	6,363,597	1,371,241				

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	6,674,918	5,339,934	1,334,984	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	138,888,055	126,228,987		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,176,131	5,794,355	1,381,776	
9	Other employee benefits . . . . .	14,391,823	11,610,712	2,781,111	
10	Payroll taxes . . . . .	9,544,045	7,699,049	1,844,996	
11	Fees for services (non-employees)				
a	Management . . . . .	27,891,676	19,407,405	7,727,569	756,702
b	Legal . . . . .	585,661		585,661	
c	Accounting . . . . .	253,366		253,366	
d	Lobbying . . . . .	40,145		40,145	
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	2,165,368	851,914	1,313,454	
13	Office expenses . . . . .	42,758,536	39,283,828	3,474,708	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	6,869,026	4,174,528	2,694,498	
17	Travel . . . . .	1,775,530	1,247,508	528,022	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
19	Conferences, conventions and meetings . . . . .	529,210	363,414	165,796	
20	Interest . . . . .	3,974,237		3,974,237	
21	Payments to affiliates . . . . .	1,960,000	1,960,000		
22	Depreciation, depletion, and amortization . . . . .	20,253,449	19,155,712	1,097,737	
23	Insurance . . . . .	4,111,319		4,111,319	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	DUES	590,270	195,155	395,115	
b	BAD DEBTS	17,055,645	17,055,645		
c	OTHER MISCELLANEOUS EXPENSES	990,606	710,469	280,137	
d	EXPENSES FOR INTENDED PURPOSES	393,000	393,000		
e	EQUITY IN JOINT VENTURE LOSS	250,000	250,000		
f	All other expenses	267,000		267,000	
25	Total functional expenses. Add lines 1 through 24f	309,389,016	261,721,615	46,910,699	756,702
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X**    **Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	28,239,000	<b>1</b>	47,781,000		
	<b>2</b> Savings and temporary cash investments . . . . .	15,145,000	<b>2</b>	19,181,000		
	<b>3</b> Pledges and grants receivable, net . . . . .	845,000	<b>3</b>	773,000		
	<b>4</b> Accounts receivable, net . . . . .	40,200,000	<b>4</b>	39,364,000		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>			
	<b>7</b> Notes and loans receivable, net . . . . .	370,000	<b>7</b>	248,000		
	<b>8</b> Inventories for sale or use . . . . .	923,000	<b>8</b>	1,114,000		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,669,000	<b>9</b>	2,050,000		
	<b>10a</b> Land, buildings, and equipment—cost basis	<table><tr><td><b>10a</b></td><td>373,013,000</td></tr></table>	<b>10a</b>	373,013,000		
	<b>10a</b>	373,013,000				
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<table><tr><td><b>10b</b></td><td>215,843,000</td></tr></table>	<b>10b</b>	215,843,000	155,009,000	<b>10c</b> 157,170,000
	<b>10b</b>	215,843,000				
	<b>11</b> Investments—publicly traded securities . . . . .	99,177,000	<b>11</b>	100,487,000		
	<b>12</b> Investments—other securities <i>See Part IV, line 11. Complete Part VII of Schedule D.</i> . . . .		<b>12</b>			
	<b>13</b> Investments—program-related <i>See Part IV, line 11. Complete Part VIII of Schedule D.</i> . . . .		<b>13</b>			
<b>14</b> Intangible assets . . . . .		<b>14</b>				
<b>15</b> Other assets <i>See Part IV, line 11. Complete Part IX of Schedule D.</i> . . . . .	6,597,000	<b>15</b>	6,204,000			
<b>16</b> <b>Total assets.</b> <i>Add lines 1 through 15 (must equal line 34).</i>	348,174,000	<b>16</b>	374,372,000			
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	34,894,000	<b>17</b>	40,909,000		
	<b>18</b> Grants payable . . . . .		<b>18</b>			
	<b>19</b> Deferred revenue . . . . .	727,000	<b>19</b>	600,000		
	<b>20</b> Tax-exempt bond liabilities . . . . .	78,490,000	<b>20</b>	73,765,000		
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>			
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,087,000	<b>23</b>	5,054,000		
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>			
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	53,172,000	<b>25</b>	115,934,000		
	<b>26</b> <b>Total liabilities.</b> <i>Add lines 17 through 25.</i>	172,370,000	<b>26</b>	236,262,000		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets . . . . .	161,623,000	<b>27</b>	124,916,000		
	<b>28</b> Temporarily restricted net assets . . . . .	8,011,000	<b>28</b>	6,606,000		
	<b>29</b> Permanently restricted net assets . . . . .	6,170,000	<b>29</b>	6,588,000		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>			
	<b>33</b> Total net assets or fund balances . . . . .	175,804,000	<b>33</b>	138,110,000		
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	348,174,000	<b>34</b>	374,372,000		

**Part XI**    **Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b> Yes	
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b> Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Middlesex Hospital	Employer identification number 06-0646718
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>Section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )
11	<input type="checkbox"/>	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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally Integrated      d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 <b>Public Support</b> subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV )						
11 <b>Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15		
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16		

Computation of Investment Income Percentage			
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17		
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a33 1/3% Tests - 2008. 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			
b33 1/3% Tests - 2007. 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			
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- 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,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- 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,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations    complete Part III

Name of the organization Middlesex Hospital	Employer identification number  06-0646718
--	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

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: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		40,145
j	Total lines 1c through 1i			40,145
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?		No	

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	
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 (line 2c total minus 3 and 4)	5 \$

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY	PART II-B, LINE 1I	Middlesex Hospital pays dues to both the American Hospital Association (AHA) and the Connecticut Hospital Association (CHA). A percentage of those dues funded lobbying activities during the fiscal year. The portion of AHA dues totaled \$10,096 and the portion of CHA dues totaled \$15,079. In addition, Middlesex Hospital contracted with a consultant who performed lobbying activities. Those expenses totaled \$14,970.

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

Part III

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

3

Using the organization's 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 XIV

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	79,900,000			
b	Contributions . . . . .	416,000			
c	Investment earnings or losses . . . . .	597,000			
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .	85,000			
g	End of year balance . . . . .	80,828,000			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 88 %

b

Permanent endowment ▶ 4 %

c

Term endowment ▶ 8 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		816,000		816,000
b Buildings . . . . .		217,371,000	107,516,000	109,855,000
c Leasehold improvements . . . . .		4,211,000	2,734,000	1,477,000
d Equipment . . . . .		141,131,000	102,859,000	38,272,000
e Other . . . . .		9,484,000	2,734,000	6,750,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				157,170,000

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) 		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) 		

(a) Description	(b) Book value
DEFERRED FINANCING COSTS	2,093,000
DUE FROM RELATED PARTIES	1,000
LIFE INSURANCE CASH SURRENDER	1,155,000
DEPOSITS	278,000
OTHER ASSETS	2,677,000
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SELF INSURANCE	11,257,000
ACCRUED RETIREMENT	92,522,000
LEASE OBLIGATION	645,000
ACCRUED 457B	838,000
ASSET RETIREMENT OBLIGATION	1,616,000
UNALLOCATED 3RD PARTY	9,052,000
OTHER LIABILITIES	4,000
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	115,934,000

**Schedule D (Form 990) 2008**

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1327,278,702
2	Total expenses (Form 990, Part IX, column (A), line 25)	2309,389,016
3	Excess or (deficit) for the year Subtract line 2 from line 1	317,889,686
4	Net unrealized gains (losses) on investments	42,783,000
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-58,367,000
9	Total adjustments (net) Add lines 4 - 8	9-55,584,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-37,694,314

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1269,854,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a2,782,000	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d-60,206,702	
e	Add lines 2a through 2d . . . . .	2e-57,424,702
3	Subtract line 2e from line 1 . . . . .	3327,278,702
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 XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5327,278,702

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1307,548,000
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	Losses reported on Form 990, Part IX, line 25 . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d119,316	
e	Add lines 2a through 2d . . . . .	2e119,316
3	Subtract line 2e from line 1 . . . . .	3307,428,684
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 XIV) . . . . .4b1,960,332	
c	Add lines 4a and 4b . . . . .	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5309,389,016

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	PART V, LINE 4	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 TERM 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
CHANGE IN NET ASSETS	PART XI, LINE 8	ON JULY 31, 2009 THE HOSPITAL ADOPTED A SOFT FREEZE OF THE DEFINED BENEFIT RETIREMENT PLAN (THE PLAN), EFFECTIVE JANUARY 1, 2010 ALL PENSION ACCRUALS WILL CEASE UNDER THE TERMS OF THE PLAN, WITH THE LIMITED EXCEPTION THAT PARTICIPANTS WHO ARE ACTIVELY EMPLOYED ON DECEMBER 31, 2009 WILL CONTINUE TO HAVE ELIGIBLE COMPENSATION EARNED AFTER DECEMBER 31, 2009 RECOGNIZED IN THE CALCULATION OF THEIR ACCRUED BENEFIT BEYOND DECEMBER 31, 2009 THE PLAN WAS RE-MEASURED EFFECTIVE JULY 31, 2009 USING A DISCOUNT RATE OF 5 95% PRIOR TO THE JULY 31, 2009 ADOPTION OF THE SOFT PLAN FREEZE, A DISCOUNT RATE OF 7 25% WAS USED
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XII, LINE 2D	CHANGE IN ACCUMULATED PENSION CHARGES (58,367,000) TRANSFER TO PARENT (1,960,000) SPECIAL EVENTS EXPENSE 119,316 OTHER 982 ----- TOTAL (60,206,702)
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XIII, LINE 2D	SPECIAL EVENTS EXPENSE 119,316
OTHER EXPENSES INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XIII, LINE 4B	TRANSFER TO PARENT 1,960,000 OTHER 332 ----- TOTAL 1,960,332

OMB No 1545-0047

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			GOLF TOURNAMENT	VINTNER'S TABLE	2	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts . . . . .	113,890	55,285	34,223	203,398
Direct Expenses	2	Less Charitable contributions . . . . .				
	3	Gross revenue (line 1 minus line 2) . . . . .	113,890	55,285	34,223	203,398
	4	Cash Prizes . . . . .				
	5	Non-cash Prizes . . . . .	2,714	0	1,950	4,664
	6	Rent/Facility costs . . . . .	30,443	32,166	19,988	82,597
	7	Other direct expenses . . . . .	11,452	10,930	9,673	32,055
	8	Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				119,316
	9	Net income summary Combine lines 3 and 8 in column (d). . . . . ▶				84,082

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . . <b>13a</b>		
<b>b</b> An outside facility . . . . . <b>13b</b>		
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► To be completed by organizations that answer "Yes" to Form 990,  
Part IV, line 20.  
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization  
Middlesex Hospital

Employer identification number  
06-0646718

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	
b	If "Yes," is it a written policy? . . . . .	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals  <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____%  b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%  c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care  4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	3b	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	4	
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? . . . . .	5a	
6a	Does the organization prepare an annual community benefit report? . . . . .	5b	
6b	If "Yes," does the organization make it available to the public? . . . . .	5c	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a	
		6b	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from <i>worksheets 1 and 2</i> ) . . . . .						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i> ) . . . . .						
c Unreimbursed costs—other means-tested government programs (from <i>Worksheet 3, column b</i> ) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i> ) . . . . .						
f Health professions education (from <i>worksheet 5</i> ) . . . . .						
g Subsidized health services (from <i>worksheet 6</i> ) . . . . .						
h Research (from <i>worksheet 7</i> ) . . . . .						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i> ) . . . . .						
j <b>Total</b> Other Benefits . . . . .						
k <b>Total</b> (line 7d and 7j) . . . . .						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, and Collection Practices

(Optional for 2008)

Section A—Bad Debt Expense

		Yes	No
1	Does 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 (at cost) . . . . .	2	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.		

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	
7	Enter line 5 less line 6—surplus or (shortfall) . . . . .	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C—Collection Practices

9a	Does the organization have a written debt collection policy? . . . . .	9a	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	9b	

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(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				
14				

Part V

Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Middlesex Hospital 28 Crescent Street Middletown, CT 06457	X	X		X			X		
Middlesex Medical Center Marlborough 12 Jones Hollow Road Marlborough, CT 06447							X		LABORATORY, RADIOLOGY
Middlesex Medical Center Shoreline 252 Westbrook Road Rte 153 Essex, CT 06426							X		LABORATORY, NEUROLOGY, OUTPATIENT INFUSION & RADIOLOGY
Middlesex Surgical Center 530 Saybrook Road Middletown, CT 06457		X							Surgical Services
Middlesex Hospital Outpatient Center 534 Saybrook Road Middletown, CT 06457									REHAB, LAB, RADIOLOGY, OCCUPATIONAL MED, ANTI-COAGULATION
Middlesex Hospital Cancer Center 536 Saybrook Road Middletown, CT 06457									CANCER SERVICES
Middlesex Hospital CTR Behavioral HEALTH FAMILY ADVOCACY 51 Broad Street Middletown, CT 06457									CHILD & ADOLESCENT BEHAVIORIAL HEALTH OUTPATIENT SERVICES
Middlesex Hospital Ctr Behavioral HEALTH ADULT OUTPATIENT 103 South Main St Middletown, CT 06457									ADULT BEHAVIORAL HEALTH OUTPATIENT SERVICES
Middlesex Hospital CTR Behavioral Health Outpatient 1250 Boston Post Road Old Saybrook, CT 06475									ADULT BEHAVIORAL HEALTH OUTPATIENT SERVICES
Middlesex Hospital Homecare 770 Saybrook Road Middletown, CT 06457									NURSING, BEHAVIORIAL, RAHAB, HEART HEALTH, OTHER SERVICES
Middlesex Hospital Ctr Behavioral Health Psychiatric 33 Pleasant Street Middletown, CT 06457									Adult Behavioral Partial Hospital Program Services

Complete this part to provide the following information

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Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in 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 Yes	
b	Any related organization?	5b Yes	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT KIELY	(i)	526,976	174,787	1,149,031	190,750	2,033	2,043,577	1,393,379
	(ii)	0	0	0	0	0	0	0
DAVID BAGGISH MD	(i)	304,661	16,626	3,875	1,521	3,556	330,239	241,051
	(ii)	0	0	0	0	0	0	0
VINCENT CAPECE JR	(i)	295,724	66,000	172,731	70,500	4,824	609,779	392,395
	(ii)	0	0	0	0	0	0	0
BRIAN MCGUIRE MD	(i)	271,093	61,162	15,500	26,119	3,181	377,055	264,764
	(ii)	0	0	0	0	0	0	0
DAVID COSENTINO MD	(i)	228,063	67,331	16,528	33,831	11,138	356,891	240,123
	(ii)	0	0	0	0	0	0	0
MARIO CAPUZZI MD	(i)	227,408	58,905	15,500	24,788	2,646	329,247	0
	(ii)	0	0	0	0	0	0	0
RANDOLPH GOODWIN MD	(i)	247,266	12,476	34,094	0	4,767	298,603	0
	(ii)	0	0	0	0	0	0	0
KEVIN BARUZZI MD	(i)	236,272	54,140	0	24,067	6,138	320,617	0
	(ii)	0	0	0	0	0	0	0
COLLEEN SMITH	(i)	187,994	43,100	233,778	48,500	3,893	517,265	346,164
	(ii)	0	0	0	0	0	0	0
HARRY EVERT	(i)	197,107	41,000	78,674	48,000	4,620	369,401	234,873
	(ii)	0	0	0	0	0	0	0
SUSAN MARTIN	(i)	256,960	0	40,064	52,000	2,621	351,645	0
	(ii)	0	0	0	0	0	0	0
GREGORY NOKES	(i)	184,855	22,500	25,689	42,000	3,468	278,512	0
	(ii)	0	0	0	0	0	0	0
ARTHUR MCDOWELL MD	(i)	193,431	0	21,552	43,500	4,576	263,059	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SAXE MD	(i)	295,217	19,399	45,060	0	4,749	364,425	263,299
	(ii)	0	0	0	0	0	0	0
SUSAN MENICHETTI	(i)	178,365	40,000	28,354	238,000	3,519	488,238	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							

## Part III Supplemental Information

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

[illegible]

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization Middlesex Hospital	Employer identification number 06-0646718
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Part I

Bond Issues (Required for 2008)

	(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	
							Yes	No	Yes	No
A	CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTH	06-0806186	20774UGQ2	12-07-2006	22,760,000	CONSTRUCTION OF NEW EMERGENCY DEPA		X		X
B	CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTH	06-0806186	20774UVA0	12-07-2006	16,620,000	REFINANCE THE SER K BONDS FOR LAB		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No	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 with respect to the financed property which may result in private business use?										

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

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage** *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T been filed wth respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization Middlesex Hospital	Employer identification number  06-0646718
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on 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  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons  
To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons  
To be completed by organizations that 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
THOMAS MCDOWELL - PAVILION CATERING	FAMILY MEMBER-A MCDOWELL	11,984	PAYMENTS FOR CATERING SERVICES		No
VICTORIA MCDOWELL - REGISTERED NURS	FAMILY MEMBER-A MCDOWELL	73,529	RECEIPT OF WAGES/COMPENSATION		No
STEVE MCDOWELL - PURCHASING MANAGER	FAMILY MEMBER-A MCDOWELL	88,757	RECEIPT OF WAGES/COMPENSATION		No
ESSEX FINANCIAL SERVICES	JOHN W RAFAL / DIRECTOR	450,655	ENTITY MORE THAN 35% OWNED		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

OMB No 1545-0047

2008

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	1	84,304	SELLING PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
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	

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

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
Middlesex Hospital

Employer identification number  
06-0646718

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	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 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

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A-4D	<p>PROGRAM SERVICE #1, INPATIENT CARE, LINE 4A 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, provides acute care from dedicated health care teams which include surgeons, hospitalists, family practitioners and residents, medical staff physicians, Magnet nurses, physician assistants, patient care technologists, diagnostic technicians, pathologists, administrators, environmental services, security, engineering and a host of others working together to enable the organization's success The hospital units including intensive and critical care, medical/surgical, oncology, orthopedic, pulmonology, vascular and cardiology, gastrointestinal, maternity, a 20 bed psychiatric floor, and hospice services specialize in the specific needs of their patients and are staffed to accommodate the unique treatment requirements of each All ancillary services including labs, radiology, food services, pathology, pharmacy, medical transcription and information services too are a part of the Hospital team Patient care is developed with full consideration of the whole individual, as they are assigned to condition specific care pathways and services to secure best treatment and recovery</p> <p>PROGRAM SERVICE #2, MIDDLESEX HOSPITAL EMERGENCY DEPARTMENT, LINE 4B 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 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 FYE 09, The Emergency Room activity accounted for 83,476 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 three consecutive years</p> <p>PROGRAM SERVICE #3, AMBULATORY OR OUTPATIENT SURGERY, LINE 4C Ambulatory or Outpatient Surgery is performed at Middlesex Hospital, the Middlesex Outpatient Center, the Shoreline Medical Center in Essex, the Middlesex Hospital Medical Center in Marlborough, as well as Laboratory Outpatient facilities in Madison and Westbrook</p> <p>PROGRAM SERVICE #4, OTHER SERVICES, LINE 4D Other Services incorporate a wide range of care provided to patients that are not specifically captured in the other care categories This designation accounts for 415,461 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) The Hospital's Homecare department makes over 117,000 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</p>

Identifier	Return Reference	Explanation
Community Benefit	FORM 990, PART III	<p>Middlesex Hospital Community Benefit Program As a medium-sized community hospital, providing extensive community benefit services remains the hallmark of Middlesex Hospital's vision, mission and strategic planning The Hospital's pledge to improve the health and well-being of the communities it serves is strengthened by inclusion of the term community benefit in its mission statement the Hospital recognizes community benefit, transparency and integrity as fundamental responsibilities and strives to meet community health needs to the fullest extent possible within its ability and resources The formation of a comprehensive community benefit program with yearly goals, incorporation into annual organizational planning, and the provision of community benefit programs that target the area's most vulnerable and at-risk populations has allowed Middlesex Hospital to put a formal structure around its fundamental purpose In 2009, Middlesex Hospital's community benefit program was recognized by VHA when it received the Community Benefit Award for Excellence To effectively target community benefit activities and to continue its commitment to improve the health and well being of its service area, the Hospital decided to formally measure community health status and identify priority areas/potential gaps in services The Hospital commissioned a comprehensive, scientific, data-driven countywide health assessment using publicly available data sources and peer county, state and national benchmarks While the intent was to provide the Hospital with information for planning purposes and to identify community need, community stakeholders were involved at the beginning of the process and the results of the study were made publicly available The report, A Community Health Assessment For Middlesex County, Connecticut (Center for Health Policy, Planning, and Research, University of New England, commissioned by and prepared for Middlesex Health System, Inc , Middletown, CT, October 2008), uncovered three priority areas 1) access and coordination of geriatric services, 2) coordination of mental health/substance abuse services with community providers, and, 3) development of an inpatient and outpatient service for chronic obstructive pulmonary disease (COPD) In response to these discoveries, sub-committees for each area were developed and tasked with development of short- and long-term solutions in partnership with community agencies 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, including (but not limited to) local schools, colleges, assisted living and skilled nursing facilities, small businesses, local health care provider agencies, non-Hospital affiliated healthcare providers, social services, and the Middlesex Chamber of Commerce Health education is delivered in many formats including lectures, written materials, interactive presentations and other group programs/activities 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 include (but are not limited to) - Community Education Presentations including hand washing, H1N1 virus containment and vaccination, cancer prevention, integrative medicine, caregiver resources, chronic pulmonary obstructive disease/respiratory care, arthritis, head injuries and safety, drug use, diabetes, asthma (adult and pediatric), chronic heart failure, childhood obesity, smoking cessation, nutrition, advanced care planning, stroke education, and fall prevention - Health and Wellness Events/Health Fairs it is common practice for the Hospital's staff members to answer the call of the community any time a request is made for educational support - common health topics and services presented at health and wellness events include diabetes, asthma, chronic heart failure, chronic obstructive pulmonary disease, slips and fall prevention and safety, blood sugar and cholesterol screening and education, cancer awareness including breast, prostate and skin, smoking cessation data and information, and maternal child and health - Support Groups The Hospital provides, at no charge, many support groups for patients and their families in response to the community's need for additional support in addressing the social, psychological or emotional issues that often occur in connection with disease, disability and grief Support groups include bereavement, caregivers, diabetes, meditation, weight management for women, prostate cancer, leukemia, lymphoma, and multiple myeloma, cancer's survivors, breastfeeding, first foods, and childhood nutrition - Cancer Center Health Awareness the Hospital's Cancer Center provides extensive free-of-charge educational support services, with an emphasis placed on family member inclusion In addition to the substantial number of cancer-related support groups, the Cancer Center offers an annual Breast Cancer Awareness event, annual Cancer Survivor's Day, annual Healthy Living Through Prevention wellness event, "Arts in the Atrium" art therapy program, movement through dance, nutrition and exercise class for breast cancer patients, wig room, and a comprehensive educational series with a multi-dimensional approach to defining cancer - Health Literature providing no-cost access to health care literature and resources to the public is possible through the Hospital's libraries, publications and web-site The Hospital's main campus and Cancer Center libraries encourage those in the community - including patients, family, community residents, students, non-employed nurses and physicians - to access its health and medicine resource information An annual Community Benefit Report is mailed extensively to the community - its purpose is to reinforce the Hospital's longstanding commitment to community health and well-being and to promote its many free-of-charge and subsidized services, thus ensuring that all members of the community, including the most at-risk populations, are aware of resource availability The Hospital's website (www.middlesexhospital.org) offers public access to health information including a medical dictionary, condition and anatomy explorers, healthy-living calculators, and sections on medical procedures and medications Community-based clinical services throughout the year the Hospital provides a number of free-of-charge community-based clinical services, including clinics and screenings offered on a reoccurring basis or as a special event These no-cost services are offered to meet identified community needs and/or improve community health Examples include (but are not limited to) diabetes care A1C screenings, annual physical examinations for a local volunteer firefighter company, skin cancer screenings, free H1N1 flu shots, blood pressure and lipid profile/cholesterol clinics, and free flu immunizations and TB testing offered to those who are unable to pay Healthcare support services include all programs offered by the Hospital in order to increase access and quality of care to individuals, especially those living in poverty and/or other vulnerable populations As these services represent targeted programs and interventions based on need, they are critical for assisting patients in achieving improved health and wellness Examples include (but are not limited to) - Center for Chronic Care Management (CCCM) Disease Management Currently over 10 years of age, a combined 10,000+ patients have been served by CCCM's various programs Services include adult and pediatric asthma, diabetes disease management and its component medical nutrition therapy, smoking cessation, chronic heart failure, and childhood weight</p>

Identifier	Return Reference	Explanation
management The Center's disease management programs have evolved as a	critical part of the health delivery system in Middlesex County by filling	<p>unmet chronic care needs - Cancer Care Management the Cancer Care Program is a free program offered to patients with a breast, colon, lung or other cancer diagnosis With compassion, reassurance and expert know ledge, the Nurse Navigators assist cancer patients in navigating the complex maze from diagnosis through the prescribed treatment and recovery phases of their illness - Transportation &amp; Prescription Voucher Assistance the Hospital provides a no-cost transportation service for patients requiring radiation oncology treatment who struggle with transportation - with a special emphasis on providing the service for the elderly Transportation vouchers are supplied to patients in urgent situations and prescription vouchers are given to help defray costs for patients who are unable to pay for medication - Financial Counseling the Hospital provides information about its financial assistance program to all patients and makes this assistance available to individuals who meet established guidelines Financial Counselors and social workers are available to answer questions and aid in the application process In addition, the Hospital has an internal committee that monitors its financial assistance processes, reviews guidelines for appropriateness, and makes adjustments as needed to ensure optimal accessibility to the support 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 Year round, the Hospital supports health professions education for medical students, nursing students and technicians For more than 35 years the Hospital's Family Medicine Residency Program has trained physicians for a future in family practice With the national trend of fewer physicians selecting family medicine as their specialty, Middlesex Hospital's long-standing Family Medicine Residency Program fills a very needed gap in the nation-wide clinical delivery system To strengthen commitment to community health, each resident is required to participate in a community project as a means of understanding the community's available resources and health needs While the Hospital heavily subsidizes the residency program, the commitment to improving the health of those in its service area (as many of the graduates remain in Middlesex County), remains the driver regardless of financial loss In addition to its Family Medicine residents, the hospital 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/clinical student training includes the Hospital's Radiology School, pharmacy, social work, hospice, behavioral health, nuclear medicine, rehabilitation and physical therapy, infection prevention, phlebotomy, emergency responders, surgical services, among other areas of healthcare In addition to teaching within the walls of the hospital, staff members continuously work with non-hospital employed health care providers and agencies in the community by providing education on a variety of health topics 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 (charity care 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 for FY09 include Behavioral Health (inpatient and outpatient), Homecare, Cardiac Rehabilitation, Paramedics, Hospice, and Wound Care - Middlesex Hospital's Behavioral Health Program provides a large spectrum of behavioral health services, including inpatient and outpatient therapy and support, child and adolescent services and a maternal child health program - and is heavily subsidized by the Hospital The Hospital has a 20 bed psychiatric unit for patients requiring inpatient stays The Day Treatment Program provides intensive outpatient and partial hospital services for adolescents, adults and geriatric patients with psychiatric and co-occurring substance abuse/psychiatric disorders The Outpatient Clinic offers treatment in individual, family, and group therapy to meet general adult and senior psychiatric needs The Family Advocacy Program (FAP) offers comprehensive services designed to improve the lives of children, adolescents and their families and improve access to critical resources FAP Maternal Child Health offers wrap around and support services for at-risk parents as well as the WIC (Women, Infants and Children) program - Middlesex Hospital Homecare Recognizing the need for medical services for patients who are homebound, the Hospital's Homecare department makes over 160,000 visits per year to community residents with services available 7 days/week, 24 hours/day While the program requires subsidy from the Hospital, it meets a vital need in community health The broad array of comprehensive services offered encompass behavioral health, diabetes care and education, specialized cardiac care, the Heart Smart program, community health services, geriatric care, infusion therapy, the Lifeline program, maternal/child health, hospice and palliative care, medical rehabilitation services, respiratory/pulmonary care, and wound/ostomy care - Middlesex Hospital Cardiac Rehabilitation Cardiac Rehabilitation is a service offered by Middlesex Hospital due to community request In response, the Hospital makes this comprehensive program available to its community members despite a financial loss The service includes progressive cardiac-monitored exercise plans customized per individual, risk-factor education, and is designed to assist cardiac patients in achieving a speedy recovery and a healthy, productive lifestyle The Hospital's cardiac rehab program has been recertified for the third time by the American Association of Cardiovascular and Pulmonary Rehabilitation - Middlesex Hospital Paramedics Service provides 24 hours/day, 7 days/week skilled emergency care and critical treatment to patients prior to arrival at the hospital Since inception of the service, the Hospital has covered the program's annual financial shortfalls In addition to rendering vital supplementary emergency services, as part of health professions education, the Hospital's Paramedic Department plays an important role in providing trainings and credentialing support to emergency providers throughout the State - Middlesex Hospital's Hospice Program is committed to caring for the terminally ill and their families by enhancing quality of life for the patient In-patient and homecare services include comfort care with relief of physical symptoms, the provision of emotional and spiritual support, and the desire to support the patient's right to make choices and remain as autonomous as possible during this phase of life This important community program functions at a loss for the Hospital The Hospital also offers outpatient Palliative Care services which include pain and symptom control, psychosocial support, patient education about self-determination and advance directives, negotiating end-of-life decisions, and helping patients and loved ones understand and cope with the process of dying - Middlesex Hospital Wound Care The Hospital performed a study and found that there was a gap in outpatient services for those experiencing complex and chronic wounds In response, the Hospital created the Wound Care Center where a full range of services for effective wound treatment</p>

Identifier	Return Reference	Explanation
is provided Clinical providers aid in determining what local or systemic	factors are impeding the healing process, assist in developing a	<p>specialized and individualized treatment care plan The Wound Care Center functions at a loss for the hospital and requires subsidy 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 The Hospital's Behavioral Health Department conducts clinical trials for a variety of health diagnoses, with Family Advocacy continuing its participation in studies for child and adolescent schizophrenia and child and adolescent depression The Hospital continues to participate in the Physician Group Demonstration Project, a national community health initiative with The Centers for Medicare and Medicaid Services (CMS) designed to determine the feasibility of working with physician groups to improve the quality of care, patient outcomes and the cost efficiency of health care services 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 absorption of costs of copies of health information records for patients who cannot afford to pay for them, cafeteria discounts for YMCA residents, and staff coordination of community support drives The Hospital's main campus and satellite locations make meeting space available, free-of-charge and on an on-going basis, for many community groups that would otherwise struggle to pay for space In addition, each year the Hospital makes substantial cash donations to carefully selected mission-driven community organizations throughout its service area Examples include (but are not limited to) dental clinics, elderly services and the continuation of a large annual contribution to the Middlesex Chamber of Commerce AskMe3 health literacy initiative Community Building Activities Middlesex Hospital's participation in Community Building activities has an important role in continuing to promote health and well-being for residents in its service area and, in some cases, the international community 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 Examples of community building activities include - Opportunity Knocks (OK) was formed in 2003 when three Middletown community leaders specializing in early childhood development - two Middlesex Hospital staff members and Middletown's School Readiness coordinator - recognized that the health and developmental needs of Middletown's high-need young children (ages 0-5) could best be met through a coalition that crossed a variety of sectors The overall goals of OK are to 1) ensure that children enter kindergarten physically and emotionally healthy and ready to succeed, 2) strengthen the links between community providers, 3) involve and support parents in the care of their children, and 4) eliminate barriers to care - The Middlesex Hospital-Sayaxche Community Partnership extends the Hospital's involvement in community health to the global community The goal of the project, started in 2008, is to establish a long-term, collaborative, mutually beneficial and ethically sound partnership between Middlesex Hospital and the Middletown, CT community with the healthcare infrastructure of the Peten region in Guatemala, including Sayaxche Hospital, the Ministry of Health and the local health promoters The Hospital contributes funding earmarked for the project, in-kind staff hours, donated supplies, and hosts a community collaborative committee comprised of representative from the Hospital (multidisciplinary departments) and community partners - Disaster Readiness The Hospital partakes in many good neighbor community activities outside of the scope of the healthcare delivery system, such participation often incurs significant expense to the Hospital For Disaster Readiness, 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 - Middlesex Hospital's Shoreline Medical Center (SMC) is committed to working with local schools to introduce the concept of a medical career in a full range of medical related professions and to reinforcing the importance of continuing one's education Each year SMC hosts a multidisciplinary Career Day, World of Work, and oversees high school student mentorship The idea is to foster an interest in health as a career at an early age and follow-up with additional exposure in high school Middlesex Hospital is committed to providing extensive community benefit programs to the residents of its community By continuing to both offer a broad range of comprehensive community benefit services and target programs to identified areas of need, the Hospital is honoring its mission to improve the health and well-being of the communities it serves</p>

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINES 6, 7A, AND 7B	The sole member of the Hospital shall be Middlesex Health System, Inc , a Connecticut non-stock corporation, or its successor in interest ("Sole Member"), w hich shall have all of the membership rights conferred by law , the Certificate of Incorporation or the Middlesex Hospital By-Law s

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 10	DRAFT FORMS OF THE 990, INCLUDING REQUIRED SCHEDULES, ARE PROVIDED TO EACH BOARD MEMBER FOR REVIEW  MEMBERS REVIEW THE DOCUMENT AND DISCUSS IN DETAIL AT A BOARD MEETING  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

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12	Conflict of Interest forms are distributed annually to key employees, officers and the board of directors  Responses are returned to, tracked, and review ed by the Compliance Officer  Information reported is considered personal and confidential and only disclosed w hen 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 boards 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 review s the facts and makes the determination as to w hether a significant conflict of interest exists  If so, the board follow s disabling guidelines to determine if the board member should be asked to resign or be removed

Identifier	Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, LINE 15	Executive team compensation is review ed 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 w ithin a range set by the Policy  Follow ing 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 w ithin the executive team are compared to benchmark positions w ithin this market data and their compensation is compared to the data both w ith respect to cash compensation and total compensation including fringe benefits  The CEO recommends the incentive aw ards and base salary adjustments to the compensation of the executives w ho report to him, and the Committee review s those recommendations, approves or modifies them, and also determines any incentive aw ard and base salary adjustment for the CEO  The consultants provide a w ritten opinion annually confirming that the compensation of the executives, as adjusted by this process, is "reasonable" w ithin applicable IRS guidelines  Key employee compensation is set follow ing 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

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19	Middlesex Hospital maintains a Quality and Compliance section on its website, middlesexhospital.org. The hospital posts the most current audited financial statements there as they become available, as well as statements 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.

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV	Thomas McDowell, 100% owner of Pavilion Catering, is the brother of Arthur McDowell, Vice President of Clinical Affairs. Payments made to Pavilion Catering from 10/01/08 to 09/30/09 totaled \$11,984. Victoria McDowell, Registered Nurse, is the sister-in-law of Arthur McDowell, Vice President of Clinical Affairs. Victoria McDowell's wages for 10/01/08 to 09/30/09 totaled \$73,529. Steve McDowell, Purchasing Manager, is the brother of Arthur McDowell, Vice President of Clinical Affairs. Steve McDowell's wages for 10/01/2008 to 09/30/2009 totaled \$88,757. John W. Rafal, director, is 40% owner of Essex Financial Services. During the reporting period, \$505,921 of Middlesex Hospital employee contributions were transferred to Essex Financial Services for management in 403(b) plans.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
Middlesex Hospital

Employer identification number  
06-0646718

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

(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
Middlesex Health System Inc  28 Crescent Street Middletown, CT06457 22-2676137	HEALTHCARE	CT	501(c)(3)	11	NA
Middlesex Health Services Inc  28 Crescent Street Middletown, CT06457 22-2676140	HEALTHCARE	CT	501(c)(3)	9	Msx Heal Sys

Part III

Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(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
Middlesex Health Resources Inc 28 Crescent Street Middletown, CT06457 06-1089925	HEALTHCARE	CT	mid health sys	C Corp	0	0	0 %
MHS Primary Care Inc 28 Crescent Street Middletown, CT06457 06-1472743	HEALTHCARE	CT	mid health sys	C Corp	0	0	0 %
Integrated Resources for the Middlesex 28 Crescent Street Middletown, CT06457 06-1462230	Outpatient Care	CT	Mid Health Sys	C Corp	0	0	0 %

Part V

Transactions with Related Organizations

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

No

No

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Form **4562**

Department of the Treasury  
Internal Revenue Service

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2008**

Attachment  
Sequence No **67**

Name(s) shown on return Middlesex Hospital	Business or activity to which this form relates  GENERAL DEPRECIATION	Identifying number  06-0646718
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	\$ 250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29 . . . . .	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8		
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9		
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12		
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	177,055

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr . . . . .	22	177,055
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:  
Software Version:  
EIN: 06-0646718  
Name: Middlesex Hospital

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
NANCY D'OENCH , DIRECTOR	1 0	X						0	0	0
GEOFFREY HERTER MD , DIRECTOR	1 0	X						16,503	0	0
CHANDLER HOWARD , DIRECTOR	1 0	X						0	0	0
THOMAS HUTTON , DIRECTOR	1 0	X						0	0	0
HUGH MACKENZIE , DIRECTOR	1 0	X						0	0	0
BRUCE MACMILLIAN , DIRECTOR	1 0	X						0	0	0
JAMES MATSCHULAT , DIRECTOR	1 0	X						0	0	0
JOHN RAFAL , DIRECTOR	1 0	X						0	0	0
BARBARA WEISS , DIRECTOR	1 0	X						0	0	0
GARY WILLIS , DIRECTOR	1 0	X						0	0	0
R CHRISTOPHER SEATON , CHAIRMAN	1 0	X		X				0	0	0
ROBERT KIELY , PRESIDENT CEO	40 0	X		X				1,850,794	0	192,783
DAVID BAGGISH MD , CHIEF OF MEDICINE SECRETARY	40 0	X		X				325,162	0	5,077
VINCENT CAPECE JR , SR VP COO TREASURER	40 0			X				534,455	0	75,324
COLLEEN SMITH , VP NURSING	40 0				X			464,872	0	52,393
HARRY EVERT , VP ADMINISTRATION	40 0				X			316,781	0	52,620
SUSAN MARTIN , VP FINANCE	40 0				X			297,024	0	54,621
GREGORY NOKES , VP HUMAN RESOURCES	40 0				X			233,044	0	45,468
ARTHUR MCDOWELL MD , VP CLINICAL AFFAIRS	40 0				X			214,983	0	48,076
MICHAEL SAXE MD , CHAIRMAN EMERGENCY MEDICINE	40 0				X			359,676	0	4,749
SUSAN MENICHETTI , VP OPERATIONS	40 0				X			246,719	0	241,519
BRIAN MCGUIRE MD , PHYSICIAN EMERGENCY DEPT	40 0					X		347,755	0	29,300
DAVID COSENTINO MD , MEDICAL DIRECTOR ED	40 0					X		311,922	0	44,969
MARIO CAPUZZI MD , PHYSICIAN EMERGENCY DEPT	40 0					X		301,813	0	27,434
RANDOLPH GOODWIN MD , CLINICAL DIRECTOR INF DISEASE	40 0					X		293,836	0	4,767
KEVIN BARUZZI MD , PHYSICIAN EMERGENCY DEPT	40 0					X		290,412	0	30,205

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Patient Services	900,099	313,159,057	313,159,057		
b Specimen Laboratory	621,500	6,328,338		6,328,338	
c Outside Laboratory	621,500	19,460		19,460	
d Laundry Services	812,300	15,799		15,799	
e Cafeteria Revenue	722,210	1,188,436	1,188,436		

Software ID:  
Software Version:  
EIN: 06-0646718  
Name: Middlesex Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT KIELY	(i) (ii)	526,976 0	174,787 0	1,149,031 0	190,750 0	2,033 0	2,043,577 0	1,393,379 0
DAVID BAGGISH MD	(i) (ii)	304,661 0	16,626 0	3,875 0	1,521 0	3,556 0	330,239 0	241,051 0
VINCENT CAPECE JR	(i) (ii)	295,724 0	66,000 0	172,731 0	70,500 0	4,824 0	609,779 0	392,395 0
BRIAN MCGUIRE MD	(i) (ii)	271,093 0	61,162 0	15,500 0	26,119 0	3,181 0	377,055 0	264,764 0
DAVID COSENTINO MD	(i) (ii)	228,063 0	67,331 0	16,528 0	33,831 0	11,138 0	356,891 0	240,123 0
MARIO CAPUZZI MD	(i) (ii)	227,408 0	58,905 0	15,500 0	24,788 0	2,646 0	329,247 0	0 0
RANDOLPH GOODWIN MD	(i) (ii)	247,266 0	12,476 0	34,094 0	0 0	4,767 0	298,603 0	0 0
KEVIN BARUZZI MD	(i) (ii)	236,272 0	54,140 0	0 0	24,067 0	6,138 0	320,617 0	0 0
COLLEEN SMITH	(i) (ii)	187,994 0	43,100 0	233,778 0	48,500 0	3,893 0	517,265 0	346,164 0
HARRY EVERT	(i) (ii)	197,107 0	41,000 0	78,674 0	48,000 0	4,620 0	369,401 0	234,873 0
SUSAN MARTIN	(i) (ii)	256,960 0	0 0	40,064 0	52,000 0	2,621 0	351,645 0	0 0
GREGORY NOKES	(i) (ii)	184,855 0	22,500 0	25,689 0	42,000 0	3,468 0	278,512 0	0 0
ARTHUR MCDOWELL MD	(i) (ii)	193,431 0	0 0	21,552 0	43,500 0	4,576 0	263,059 0	0 0
MICHAEL SAXE MD	(i) (ii)	295,217 0	19,399 0	45,060 0	0 0	4,749 0	364,425 0	263,299 0
SUSAN MENICHETTI	(i) (ii)	178,365 0	40,000 0	28,354 0	238,000 0	3,519 0	488,238 0	0 0