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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE STAMFORD HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
30 Shelburne Rd PO Box 9317
Suite

City or town, state or province, country, and ZIP or foreign postal code
Stamford, CT 06902

D Employer identification number
06-0646917

E Telephone number
(203) 276-1000

G Gross receipts $ 518,120,336

F Name and address of principal officer
Kevin Gage
30 Shelburne Road PO Box 9317
Stamford, CT 06902

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ https //stamfordhospital org/

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

L Year of formation 1893

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION TOGETHER WITH OUR PHYSICIANS WE PROVIDE A BROAD RANGE OF WE PROVIDE A BROAD RANGE OF HIGH QUALITY HEALTH AND WELLNESS SERVICES FOCUSED ON THE NEEDS OF OUR COMMUNITIES

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,693
6	Total number of volunteers (estimate if necessary)	**6**	650
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,844,005
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,441,372

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	12,066,222	27,563,425
	9 Program service revenue (Part VIII, line 2g)	470,829,704	462,463,843
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,785,873	3,078,089
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,619,372	4,119,204
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	490,301,171	497,224,561
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)	245,135,746	230,572,425
	16a Professional fundraising fees (Part IX, column (A), line 11e)	159,575	240,152
	b Total fundraising expenses (Part IX, column (D), line 25) ▶4,737,077		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	206,339,187	208,965,147
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	451,634,508	439,777,724
	19 Revenue less expenses Subtract line 18 from line 12	38,666,663	57,446,837

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	797,789,880	811,196,569
	21 Total liabilities (Part X, line 26)	589,414,476	592,389,998
	22 Net assets or fund balances Subtract line 21 from line 20	208,375,404	218,806,571

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2015-08-14 Date

▶ KEVIN GAGE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTOPHER B BOGGS				P00032493
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
Firm's address ▶ 111 MONUMENT CIRCLE STE 4000 INDIANAPOLIS, IN 46204			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION TOGETHER WITH OUR PHYSICIANS WE PROVIDE A BROAD RANGE OF HIGH QUALITY HEALTH AND WELLNESS SERVICES FOCUSED ON THE NEED OF OUR COMMUNITIES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 363,831,221 including grants of $ 0) (Revenue $ 466,651,812)

IN ADDITION TO A 305 BED HOSPITAL FACILITY, THE STAMFORD HOSPITAL (TSH) OPERATES A 225,000 SQUARE FOOT AMBULATORY CARE CENTER (TULLY CENTER) ALSO IN STAMFORD, CT KEY OPERATING STATISTICS FOR THE YEAR ENDED 9/30/2014 INCLUDE ADULT AND PEDIATRIC INPATIENTS CARED FOR AND DISCHARGED 14,848, BABIES BORN 2,082, TOTAL INPATIENT DAYS OF CARE PROVIDED 71,084 PATIENTS SEEKING CARE IN THE STAMFORD HOSPITAL EMERGENCY ROOM ADMITTED FOR INPATIENT TREATMENT 8,058, TREATED AND RELEASED 41,796, TREATED AT TULLY IMMEDIATE CARE CENTER 26,380 SURGERIES PERFORMED AT THE HOSPITAL AND TULLY CENTER 17,749 RADIATION THERAPY PROCEDURES PERFORMED 182,841

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 363,831,221

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	400		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,693		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		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		Yes	
b	If "Yes," enter the name of the foreign country ▶ BD See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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 line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			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	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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 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		Yes	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
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	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
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 governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CT

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ Kevin Gage 30 Shelburne Road
Stamford, CT 06902 (203) 276-1000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Fedele Chairman	2 0 2 0	X		X				0	0	0
(2) Andrew M Merrill Vice Chairman	2 0 2 0	X		X				0	0	0
(3) Brian Grissler President & CEO	38 0 2 0	X		X				2,334,937	0	34,175
(4) Ernest Abate DIRECTOR	2 0 2 0	X						0	0	0
(5) DR RODRIGO ACOSTA PHYSICIAN	2 0 40 0	X						0	441,145	10,244
(6) Adolfo DiBiasio DIRECTOR	2 0 2 0	X						0	0	0
(7) Edwin Ford DIRECTOR	2 0 2 0	X						0	0	0
(8) Jay Higham DIRECTOR	2 0 2 0	X						0	0	0
(9) David Jahns DIRECTOR	2 0 2 0	X						0	0	0
(10) Maryann Keller-Chai DIRECTOR	2 0 2 0	X						0	0	0
(11) Arthur A Klein MD DIRECTOR	2 0 2 0	X						0	0	0
(12) Charles A Krause IV DIRECTOR	2 0 2 0	X						0	0	0
(13) CHARLES MINER MD DIRECTOR	2 0 2 0	X						0	53,327	1,475
(14) GERALD B RAKOS MD DIRECTOR	2 0 2 0	X						492,865	0	27,949
(15) Kevin Gage Treasurer	38 0 2 0			X				969,683	0	38,702
(16) Darryl McCormick Asst Secretary	38 0 2 0			X				627,318	0	9,445
(17) David L Smith Asst Secretary	38 0 2 0			X				731,627	0	36,734

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Kathleen A Silard Asst Secretary	38 0 2 0			X				1,246,390	0	48,334
(19) Sharon Kiely MD SR VP, MEDICAL SERVICES	38 0 0 0				X			848,914	0	48,890
(20) Michael Coady MD CHIEF CARDIAC SURGEON	38 0 0 0					X		923,850	0	20,520
(21) David Taylor CIO	38 0 2 0					X		642,085	0	47,007
(22) Michael F Parry MD PHYSICIAN	38 0 0 0					X		650,621	0	23,087
(23) Lance Bruck MD Chair, DEPARTMENT OF OB/GYN	38 0 2 0					X		598,616	0	46,066
(24) Steven Horowitz MD CHIEF, DIVISION OF CARDIOLOGY	38 0 0 0					X		584,396	0	46,011
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								10,651,302	494,472	438,639

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 488

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEMATOLOGY ONCOLOGY PC, 34 SHELBURNE RD STAMFORD CT 06902	PHYS FEES/ONCOLOGY	4,314,984
OUTSOURCE GROUP, PO BOX 12414 NEWARK NJ 07101	COLLECTIONS/PUR SVCS	950,074
ERNST AND YOUNG LLP, PO BOX 640382 PITTSBURGH PA 15264	AUDIT SERVICES	894,877
PATHOLOGY AND LABORATORY SERV LLC, 11 RESEARCH DRIVE SUITE 4 WOODBRIDGE CT 065252348	LAB SERVICES	784,499
CARDIOLOGY ASSOC OF FAIRFIELD CTY, 1177 SUMMER STREET STAMFORD CT 06525	PHYSICIAN FEES	762,499

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 57

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,187,772			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	588,217			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,787,436			
	g	Noncash contributions included in lines 1a-1f $		3,747,075			
	h	**Total.** Add lines 1a-1f			27,563,425		
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621300	282,517,958	282,517,958	0	0
	b	PHYSICIAN BILLING	621110	10,138,236	10,138,236	0	0
	c	WELLNESS AND TRAINING	621400	3,338,045	3,338,045	0	0
	d	MEDICARE/MEDICAID PAYMENT	621400	159,576,305	159,576,305	0	0
	e	REFERENCE LAB INCOME	621500	6,893,299	0	6,893,299	0
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			462,463,843		
	3	Investment income (including dividends, interest, and other similar amounts)			2,015,031		-82,506	2,097,537
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
			(i) Real	(ii) Personal				
	6a	Gross rents	3,212,787					
	b	Less rental expenses	3,857,343					
	c	Rental income or (loss)	-644,556	0				
	d	Net rental income or (loss)			-644,556		33,212	-677,768
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	17,766,967					
	b	Less cost or other basis and sales expenses	16,703,909					
	c	Gain or (loss)	1,063,058					
	d	Net gain or (loss)			1,063,058			1,063,058
Other Revenue	8a	Gross income from fundraising events (not including $ 1,187,772 of contributions reported on line 1c) See Part IV, line 18	a	298,400				
	b	Less direct expenses	b	334,523				
	c	Net income or (loss) from fundraising events			-36,123			-36,123
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory			0			
		Miscellaneous Revenue		Business Code				
	11a	CAFETERIA, COFFEE SHOP		722210	1,653,025	1,653,025	0	0
	b	MEANINGFUL USE INCOME		621110	1,612,712	1,612,712	0	0
	c	INTERCOMPANY STAFF REIMBURSEMENT		900099	1,045,828	1,045,828	0	0
	d	All other revenue			488,318	-123,596	0	611,914
	e	**Total.** Add lines 11a–11d			4,799,883			
	12	**Total revenue.** See Instructions			497,224,561	459,758,513	6,844,005	3,058,618

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	4,045,351	582,313	3,463,038	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	180,212,938	153,943,156	24,740,931	1,528,851
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,399,742	12,914,764	2,357,201	127,777
9 Other employee benefits	18,733,919	15,710,922	2,867,556	155,441
10 Payroll taxes	12,180,475	10,214,974	1,864,436	101,065
11 Fees for services (non-employees)				
a Management	567,960	567,960	0	0
b Legal	2,147,359	98,811	1,871,165	177,383
c Accounting	468,002	1,507	466,495	0
d Lobbying	142,496	0	142,496	0
e Professional fundraising services See Part IV, line 17	240,152			240,152
f Investment management fees	144,067	0	144,067	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,906,163	36,744,498	12,878,379	283,286
12 Advertising and promotion	3,539,276	207,777	1,791,737	1,539,762
13 Office expenses	77,940,124	74,779,351	3,023,498	137,275
14 Information technology	5,977,855	90,405	5,882,779	4,671
15 Royalties . .	0	0	0	0
16 Occupancy	18,290,987	14,445,242	3,752,678	93,067
17 Travel	496,966	237,463	170,683	88,820
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	379,077	222,579	67,678	88,820
20 Interest	59,329	59,329	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	22,795,983	22,466,438	329,545	0
23 Insurance	9,611,635	9,611,635	0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SERVICE CONTRACTS	9,055,309	8,994,351	0	60,958
b STATE-FED TAXES	2,152,691	207,312	1,945,379	0
c SUBSCRIPTIONS DUES-MBRSHP	2,024,505	631,763	1,386,544	6,198
d RECRUITING (INCL FOREIGN)	1,818,502	48,231	1,770,271	0
e All other expenses	1,446,861	1,050,440	292,870	103,551
25 **Total functional expenses.** Add lines 1 through 24e	439,777,724	363,831,221	71,209,426	4,737,077
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		74,647	1	166,718
	2	Savings and temporary cash investments		105,669,646	2	101,284,928
	3	Pledges and grants receivable, net		16,814,120	3	25,771,987
	4	Accounts receivable, net		68,025,724	4	68,966,813
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,564,103	8	6,402,714
	9	Prepaid expenses and deferred charges		6,075,378	9	6,029,216
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 800,929,892			
	b	Less accumulated depreciation	10b 385,771,246	329,579,551	10c	415,158,646
	11	Investments—publicly traded securities		201,535,657	11	121,026,075
	12	Investments—other securities See Part IV, line 11		16,033,884	12	19,007,978
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		48,417,170	15	47,381,494
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		797,789,880	16	811,196,569
Liabilities	17	Accounts payable and accrued expenses		98,044,582	17	103,822,599
	18	Grants payable		0	18	0
	19	Deferred revenue		510,101	19	667,807
	20	Tax-exempt bond liabilities		374,738,602	20	369,677,861
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		4,443,205	24	3,857,445
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		111,677,986	25	114,364,286
	26	**Total liabilities.** Add lines 17 through 25		589,414,476	26	592,389,998
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		160,465,828	27	151,392,178
	28	Temporarily restricted net assets		39,876,202	28	59,053,144
	29	Permanently restricted net assets		8,033,374	29	8,361,249
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		208,375,404	33	218,806,571
	34	Total liabilities and net assets/fund balances		797,789,880	34	811,196,569

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	497,224,561
2	Total expenses (must equal Part IX, column (A), line 25)	2	439,777,724
3	Revenue less expenses Subtract line 2 from line 1	3	57,446,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,375,404
5	Net unrealized gains (losses) on investments	5	2,196,474
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-49,212,144
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	218,806,571

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated
e ☐ 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
THE STAMFORD HOSPITAL	06-0646917

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?	Yes		142,496
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total Add lines 1c through 1i			142,496
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?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Grants for Lobbying	THE HOSPITAL CONTRACTS LOBBYING FIRMS WHO LOBBY LEGISLATIVE ACTION ON BEHALF OF THE HOSPITAL AND THE HEALTHCARE INDUSTRY ADDITIONALLY, THE HOSPITAL PAYS DUES TO ORGANIZATIONS THAT USE A PORTION OF THE DUES FOR HEALTHCARE LOBBYING EXPENSES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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	47,909,132	40,118,983	26,695,222	27,527,319	28,198,000
b	Contributions	20,339,806	8,872,941	16,783,195	3,087,737	2,154,945
c	Net investment earnings, gains, and losses	1,151,928	1,284,155	1,162,352	-56,132	874,515
d	Grants or scholarships			4,521,786	3,863,702	
e	Other expenditures for facilities and programs	1,986,792	2,366,947			3,700,141
f	Administrative expenses					
g	End of year balance	67,414,074	47,909,132	40,118,983	26,695,222	27,527,319

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 13 630 %
- c Temporarily restricted endowment ▶ 86 370 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,860,945		43,860,945
b Buildings		187,756,981	107,960,354	79,796,627
c Leasehold improvements		8,820,421	4,950,799	3,869,622
d Equipment		350,781,424	269,678,001	81,103,423
e Other		209,710,121	3,182,092	206,528,029
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				415,158,646

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) Donor restricted funds	17,892,243
(2) Investment in Healthstar	11,898,063
(3) Due from Affiliates	6,962,038
(4) Debt Issuance Costs	4,225,788
(5) Miscellaneous receivable	5,064,672
(6) Organization Costs	1,289,667
(7) Deposits	49,023
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	47,381,494

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Pension Liability	73,007,585
Due to Affiliates	22,792,356
Est for Professional Liability	11,301,317
Est Third Part Settlements	7,197,918
Charitable Gift Annuity Payable	65,110
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	114,364,286

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4	THE ENDOWMENT CONSISTS OF TEMPORARILY OR PERMANENTLY RESTRICTED CONTRIBUTIONS RECEIVED WITH DONOR STIPULATIONS THAT LIMIT THE USE OF THE DONATED ASSETS TEMPORARILY RESTRICTED CONTRIBUTIONS ARE AVAILABLE FOR CERTAIN HEALTH CARE SERVICES AS DEFINED IN THE DONOR AGREEMENTS PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO INVESTMENTS TO BE HELD IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT HEALTH CARE SERVICES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean		1	Investments	n/a	11,898,063
(2) Central America and the Caribbean		1	Program Services	MALPRACTICE INSURANCE	10,272,000
(3)					
(4)					
(5)					
3a Sub-total		2			22,170,063
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		2			22,170,063

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 06-0646917
Name: THE STAMFORD HOSPITAL

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	GHIORSI SORRENTI INC 255 MADISON AVE WYCKOFF, NJ 07481	CONSULTANT		No	29,623,371	250,695	29,372,676
2	Doug Picha Consultants	CONSULTANT		No	29,623,371	38,898	29,584,473
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					59,246,742	289,593	58,957,149

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

CT

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

		(a) Event #1 WALK RUN RIDE (event type)	(b) Event #2 DREAM BALL (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	720,514	613,563	152,095	1,486,172
	2 Less Contributions	494,364	575,263	118,145	1,187,772
	3 Gross income (line 1 minus line 2)	226,150	38,300	33,950	298,400
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	780	8,725	6,294	15,799
	6 Rent/facility costs		179,136	49,856	228,992
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,897	5,638	38,197	89,732
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(334,523)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-36,123

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,156,150	6,932,560	16,223,590	3 690 %
b Medicaid (from Worksheet 3, column a)			86,786,214	40,687,610	46,098,604	10 480 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,291,321	0	2,291,321	0 520 %
d **Total** Financial Assistance and Means-Tested Government Programs			112,233,685	47,620,170	64,613,515	14 690 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			313,528	106,420	207,108	0 050 %
f Health professions education (from Worksheet 5)			51,600	0	51,600	0 010 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			273,188	0	273,188	0 060 %
j **Total.** Other Benefits			638,316	106,420	531,896	0 120 %
k **Total.** Add lines 7d and 7j			112,872,001	47,726,590	65,145,411	14 810 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
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	1	150	272,108	130,106	142,002	0 030 %
10 **Total**	1	150	272,108	130,106	142,002	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	40,336,150		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	87,541,282
6	Enter Medicare allowable costs of care relating to payments on line 5	6	107,846,350
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-20,305,068
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group THE STAMFORD HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☐ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Form 990, Schedule H, Part II	COMMUNITY BUILDING ACTIVITIES TSH, through Ryan White grants, (Parts A and B), administered by Stamford CARES, employs an HIV Nurse Practitioner (DNP, APRN), Adherence Nurse (RN) Counselor, and a Dietician committed to providing HIV specialty primary care services TSH works in partnership with the City of Stamford HIV Prevention Program and Stamford CARES, a program of Family Centers that provide HIV medical case management The Hospital's HIV Nurse Practitioner and Adherence Nurse Counselor attended regular case management meetings with Stamford CARES' case managers and other local community services such as substance abuse rehabilitation, mental health, and housing support TSH also provides office space and medical oversight of the program

Form and Line Reference	Explanation
Form 990, Schedule H, Part III, Lines 2 AND 4	Bad Debt Expense and Text of Bad Debt Expense Footnote ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
Form 990, Schedule H, Part III, Line 8	TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT TO THE EXTENT THERE IS A MEDICARE 'SHORTFALL', THE HOSPITAL HAS PROVIDED SERVICES AND IS REIMBURSED LESS THAN THE COST OF THOSE SERVICES THIS TRANSFER OF VALUE BENEFITS THE PATIENT AND ARGUABLY (DIRECTLY AND INDIRECTLY) THE COMMUNITY IN WHICH THEY LIVE

Form and Line Reference	Explanation
Form 990, Schedule H, Part III, Line 8	MEDICARE COSTING METHODOLOGY THE COSTING METHODOLOGY USED FOLLOWS THE METHODOLOGY OF THE MEDICARE COST REPORT

Form and Line Reference	Explanation
Form 990, Schedule H, Part III, Line 9b	COLLECTION PRACTICES APPLICATION OF COLLECTION PRACTICES QUALIFYING FOR FINANCIAL ASSISTANCE ALL COLLECTION EFFORTS CEASE AT ANY POINT IN THE PROCESS IF THE PATIENT APPLIES FOR FREE BED FUNDS OR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI	NEEDS ASSESSMENT The hospital works closely with the Stamford department of health and social services to identify needs and develop programs, provide screenings, and promote dissemination of health information In 2014, Stamford hospital ("TSH" or "hospital") focused its community outreach and population health efforts on the Vita Health & Wellness initiative in the citys west side, in a community collaborative of key strategic partners that include the city of Stamford health department, Family Centers, Americares, Optimus Health, Community Health Center, Domus, Norwalk Community Center and an outgrowth of the Vita initiative is Fairgate Farm, located between the new Fairgate housing community, Stamford Hospital, and the emerging Vita economic development corridor In 2011, blighted housing was removed and transformed into a successful urban farm that now produces several thousand pounds of strawberries, spinach, tomatoes, lettuce, pumpkins, squash and other vegetables each year Grown by local volunteers who share in its bounty, the farms nutritious produce feeds patients at the not-for-profit Scofield Manor Nursing Home, the New Covenant House Soup Kitchen and the Shelter for the Homeless, among other hunger relief organizations who are currently providing 6,000 pounds of health organic produce to the needy in Stamford The farm has attracted a large number of seasonal volunteers, including young children, families and seniors over age 80 It is a Learning Lab for Stamford schools, youth groups and summer camps, including the Boys & Girls Club, the YMCA and the Yerwood Community Center A local group of motivated teens, BuildOn, volunteers regularly, and the citys public school gardening program, GIVE, actively cultivates the site In 2014, the Hospitals supported Fairgate Farm with a bi-lingual nutritionist/chef to conduct healthy cooking and nutrition classes to adults and children in the Vita neighborhood

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE STAMFORD HOSPITAL USES SEVERAL VENUES TO NOTIFY OUR PATIENTS OF THE AVAILABLE FINANCIAL OPTIONS 1) SIGNS AND/OR BROCHURES ARE DISPLAYED IN ENGLISH AND SPANISH IN THE FOLLOWING AREAS * EMERGENCY ROOM WAITING ROOMS AND REGISTRATION WORKSTATIONS * IMMEDIATE CARE CENTER WAITING ROOM * PATIENT REGISTRATION AREAS ON THE MAIN CAMPUS AND TULLY CAMPUS * CASHIER'S OFFICE, OFFICES OF THE FINANCIAL COUNSELORS, RECEPTION AREA OF THE PATIENT BUSINESS SERVICES DEPARTMENT * ANCILLARY DEPARTMENTS * BROCHURES ARE ALSO AVAILABLE IN CREOLE AND POLISH 2) THE HOSPITAL'S BILLING STATEMENTS INCLUDE AN INFORMATIONAL PAGE THAT IS PRINTED ON THE REVERSE SIDE OF THE STATEMENT OUTLINING THE FINANCIAL OPTIONS 3) THE "ARE YOU UNINSURED NOTICE" IN ENGLISH AND SPANISH IS ATTACHED TO THE TRUE SELF PAY STATEMENTS 4) STAFFING * STAMFORD HOSPITAL HAS A FULL-TIME DSS ST OF CT OUTREACH WORKER ON THE HOSPITAL CAMPUS * SOCIAL SERVICES DEPARTMENT * CASE MANAGEMENT DEPARTMENT * PATIENT REGISTRATION HAS ONE FULL TIME FINANCIAL COUNSELOR * PATIENT BUSINESS SERVICES HAS ONE BILINGUAL PATIENT ASSISTANCE COORDINATOR AND TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS * THE DSS OUTREACH WORKER AND A TSH FINANCIAL COUNSELOR HOLD EDUCATIONAL AND COUNSELING SESSIONS IN THE OPTIMUS AND STAMFORD HOSPITAL CLINICS ONCE PER WEEK * HAND-OUTS ARE PROVIDED TO PATIENTS BY THE FINANCIAL COUNSELORS AT THE CLINICS AND THE COMMUNITY HEALTH CENTERS * PATIENTS ARE SCREENED FOR FEDERAL OR STATE PROGRAMS, AND THE HOSPITALS FINANCIAL ASSISTANCE PROGRAM (FAP) BY THE SOCIAL WORKERS, * PATIENT ASSISTANCE COORDINATOR, FINANCIAL ASSISTANCE COUNSELORS, AND THE DSS LIAISON 5) NOTIFICATIONS PATIENTS RECEIVE APPROVAL OR DENIAL LETTERS AND, IF ELIGIBLE, FINANCIAL ASSISTANCE PROGRAM IDENTIFICATION CARDS

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI	COMMUNITY INFORMATION Stamford Hospital provides a broad range of community outreach and educational services to residents of predominantly its primary service area (PSA) and secondary service area (SSA) that include 12 communities in southern Fairfield county, ct The hospital's service area was developed through the strategic planning process and is defined in Stamford health system, Inc s strategic plan The hospital's combined PSA and SSA include an estimated 135,511 households with a total population of 361,418 residents The PSA includes the communities of stamford, Darien, and Rowayton, with an estimated 54,392 households and a total population of 143,122 Stamford comprises an estimated 46,195 households with a total population of 119,294 The SSA includes the communities of Greenwich, cos cob, riverside, old Greenwich, New Canaan, Norwalk, Westport, Weston, and Wilton, with an estimated 81,119 households and a total population of 218,296 For the PSA, 24% of the population is estimated to be less than 18 years of age, 34 7% is 18-44, 27 8% is 45-64, and 13 5% is 65 years of age and older The SSA has a slightly older age distribution with an estimated 25 7% of its population less than 18 years of age, 29 2% is 18-44, 30 7% is 45-64, and 14 4% IS 65 years of age and older Regarding race/ethnicity, of the estimated population in the PSA, 60 0% of residents are white, 20 5% Hispanic, 10 7% Black, 6 3% Asian, and the remainder are multi-racial, native American, pacific islander, and other non-Hispanic Stamford is estimated to have a more racially diverse population than the PSA and SSA with the black population representing 12 6% of its total population, the Hispanic population 23 9%, and Asian population 7 0% For the SSA, 75 6% of the total estimated population is white, 11 9% hispanic, 6 0% black, 4 6% Asian, and the remainder are multi-racial, native American, Pacific islander, and other non-Hispanic Although in the PSA an estimated 26 4% of total households have household incomes exceeding $200,000, Stamford has areas with significant poverty In comparison to the PSA, Stamford has only an estimated 12 0% of total households with household incomes exceeding $200,000, and 19 3% with household incomes less than $30,000, 26 3% With less than $40,000 In the SSA, an estimated 27 9% of the total Households have household incomes exceeding $200,000, while an estimated 11 8% have household incomes less than $30,000 and 16 9% less than $40,000 The estimated payor mix of the PSA is predominantly commercial/private insurance (68 9%), followed by Medicare (11 7%), Medicaid (9 2%), self pay/uninsured (8 6%), and Medicare dual eligible (1 6%) Compared to the PSA, Stamford has a higher estimated percentage of Medicaid at 10 4% and self-pay/uninsured at 9 8% For the SSA, the estimated payor mix is also primarily commercial/private insurance (74 8%), followed by Medicare (12 6%), Medicaid (5 7%), self-pay/uninsured (5 3%), and Medicare dual eligible (1 6%)

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI	PROMOTION OF COMMUNITY HEALTH The Stamford Hospital (TSH or the Hospital) provided a variety of programs that benefited the community These programs included, for example, health screenings, immunization programs, social services and support counseling for patients and families, crisis intervention, community health education, and the donation of space for use by community groups Health education programs provided by the Hospital for the benefit of the community included smoking cessation, weight loss, stress management, and programs focused on such specific health factors or disease entities such as heart disease, breast cancer, sleep disorders, arthritis, high cholesterol, cancer prevention, nutrition, stress management, circulatory problems, digestive disorders, pain management, sports injuries, and childrens nutrition TSH offered a Mini-Medical School, a free, six-week series of lectures by volunteer physicians focusing on common disease states and available treatments Topics include anesthesiology, cancer, cardiology, gastroenterology, general anatomy, gynecology, infectious diseases, integrative medicine, medical decision-making, pulmonary medicine and orthopedics In Spring and Fall of 2014 a total of 441 people attended the classes Hospital staff provided services at community health fairs and served as speakers at various community groups on lifestyle/health improvement topics In Fiscal Years (FY) 2014, SH participated in 129 community health events, conducted 9,280 screenings, with total attendance of 22,476 The events included health fairs at community centers, senior centers, religious institutions, and schools, physician presentations as well as career days, school tours and informational special events Other highlights of community health education and outreach activities provided in FY2014 are as follows Asthma Education TSH conducted an event for the community with exhibits to educate and create an awareness and understanding of asthma Topics included keeping asthma under control, utilizing a team approach in treating asthma, the role of allergies, and the future of asthma therapy The Hospital also held educational events that focused on Pediatric asthma Cancer In 2014, Stamford Hospitals Carl & Dorothy Bennett Cancer Center continued to build on its reputation for delivering expert care in a warm, nurturing environment Building on the success of the Patient and Family Advisory Councils (PFAC) first year, our members continued to advise us on projects and initiatives This approach is consistent with the Hospitals Planetree philosophy of patient-centered care With members that include staff, cancer survivors and caregivers, the goal of the PFAC is to continue to improve the care and services offered at the Bennett Cancer Center Additionally, the Bennett Cancer Center continued our partnership with Oncology Rehab Partners in offering the STAR (Survivorship Training & Rehabilitation) Program to its patients STAR is a nationally recognized cancer survivorship program that focuses on helping survivors health physically and emotionally Physicians and staff began training in 2013 and the programmed was implemented in 2014

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI	STATE FILING OF COMMUNITY BENEFIT REPORT A community benefit report is prepared for the state of connecticut, however, that report is not made available to the public

Additional Data

Software ID:
Software Version:
EIN: 06-0646917
Name: THE STAMFORD HOSPITAL

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3	

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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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**		No
b	Any related organization?	**5b**		No
	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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
Form 990, Schedule J, Part I, Line 1a	AS PER COMPANY POLICY, ALL NONCASH IMPUTABLE BENEFITS ARE TO BE PROCESSED IN A GROSSED-UP METHOD WITH APPLICABLE WAGE AND TAXES REPORTED ON W2'S FOR ALL EMPLOYEES HOUSING ALLOWANCES ARE PROVIDED TO CERTAIN SENIOR EXECUTIVES AS PART OF THEIR COMPENSATION
Form 990, Schedule J, Part I, Line 3	IT IS THE POLICY OF THE STAMFORD HOSPITAL TO PAY EMPLOYEES FAIR AND COMPETITIVE WAGES THE HOSPITAL HAS ADOPTED A WAGE AND SALARY PROGRAM TO ENSURE THAT ALL EMPLOYEES ARE PAID IN RELATION TO THE VALUE OF THE WORK THEY PERFORM THIS PROGRAM IS REVIEWED ANNUALLY EXECUTIVE COMPENSATION IS SUBJECT TO A MORE COMPREHENSIVE REVIEW, INCLUDING AN ANNUAL BENCHMARKING ANALYSIS AND BOARD-LEVEL APPROVAL PROCESS INDEPENDENT COMPENSATION CONSULTANTS ARE USED AND COMPENSATION SURVEYS ARE OBTAINED FROM AT LEAST THREE SOURCES ONCE THE COMPENSATION IS DETERMINED A WRITTEN EMPLOYMENT CONTRACT IS OBTAINED

Additional Data

Software ID:
Software Version:
EIN: 06-0646917
Name: THE STAMFORD 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				
Brian Grissler President & CEO	(I) (II)	967,192 0	1,095,323 0	272,422 0	0 0	34,175 0	2,369,112 0	0 0
Kevin Gage Treasurer	(I) (II)	572,955 0	304,643 0	92,085 0	11,753 0	26,949 0	1,008,385 0	0 0
Darryl McCormick Asst Secretary	(I) (II)	390,427 0	212,881 0	24,010 0	0 0	9,445 0	636,763 0	0 0
David L Smith Asst Secretary	(I) (II)	411,987 0	216,519 0	103,121 0	0 0	36,734 0	768,361 0	0 0
Kathleen A Silard Asst Secretary	(I) (II)	596,792 0	320,427 0	329,171 0	11,600 0	36,734 0	1,294,724 0	0 0
DR RODRIGO ACOSTA PHYSICIAN	(I) (II)	0 320,590	0 49,333	0 71,222	0 0	0 10,244	0 451,389	0 0
Michael Coady MD CHIEF CARDIAC SURGEON	(I) (II)	761,318 0	146,939 0	15,593 0	11,075 0	9,445 0	944,370 0	0 0
Sharon Kiely MD SR VP, MEDICAL SERVICES	(I) (II)	502,337 0	262,869 0	83,708 0	12,762 0	36,128 0	897,804 0	0 0
David Taylor CIO	(I) (II)	364,002 0	196,194 0	81,889 0	12,773 0	34,234 0	689,092 0	0 0
Michael F Parry MD PHYSICIAN	(I) (II)	501,814 0	7,940 0	140,867 0	0 0	23,087 0	673,708 0	0 0
Lance Bruck MD Chair, DEPARTMENT OF OB/GYN	(I) (II)	520,804 0	60,000 0	17,812 0	11,832 0	34,234 0	644,682 0	0 0
Steven Horowitz MD CHIEF, DIVISION OF CARDIOLOGY	(I) (II)	567,093 0	0 0	17,303 0	11,777 0	34,234 0	630,407 0	0 0
GERALD B RAKOS MD DIRECTOR	(I) (II)	416,810 0	42,207 0	33,848 0	0 0	27,949 0	520,814 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF CT HEALTH AND EDUCATION FAC AUTHORities	06-0806186	2077443P8	05-27-2010	133,992,115	SEE SCHEDULE K, PART VI		X		X		X
B	STATE OF CT HEALTH AND EDUCATION FAC AUTHORITIES	06-0806186	20774YKQ9	06-20-2012	254,620,769	CONSTRUCTION OF NEW HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	133,995,069	254,620,769		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	36,350,996		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	2,057,323	2,935,597		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	24,835,260	174,557,172		
11	Other spent proceeds	107,102,486	0		
12	Other unspent proceeds	0	77,128,000		
13	Year of substantial completion	2011	2016		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			0 %					
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F), BOND A	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY BONDS WERE ISSUED 5/27/10 TO 1) REFUND THE 11/13/96, 03/24/99, 6/03/08 AND 05/28/09 BOND ISSUES AND COMMERCIAL LOANS 2) FINANCE ROUTINE RENOVATIONS AND OTHER CAPITAL EXPENDITURES AND 3) FINANCE DEVELOPMENT AND CONSTRUCTION OF NEW HOSPITAL FACILITY SCHEDULE K, PART II, LINE 3 BOND A THERE IS A $3,000 VARIANCE BETWEEN THE PROCEEDS OF ISSUE AND THE ISSUE PRICE DUE TO INVESTMENT EARNINGS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	103	3,747,075	Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6	
Form 990, Part VI, Line 12c	IT IS THE POLICY OF THE STAMFORD HOSPITAL TO PROHIBIT ITS EMPLOYEES AND OTHER ASSOCIATES F ROM ENGAGING IN ANY ACTIVITY, PRACTICE, OR ACT WHICH CONFLICTS WITH, OR APPEARS TO CONFLIC T WITH, THE INTERESTS OF THE STAMFORD HOSPITAL, OR ITS PATIENTS EMPLOYEES ARE EXPECTED TO CONDUCT THE BUSINESS OF THE STAMFORD HOSPITAL TO THE BEST OF THEIR ABILITY AND FOR THE BE NEFIT OF THE STAMFORD HOSPITAL AND ITS PATIENTS THE POLICY ALSO REQUIRES BOARD MEMBERS, O FFICERS, SENIOR LEADERS, MEDICAL STAFF LEADERS, COMMITTEE MEMBERS AND OTHER INDIVIDUALS AS APPROPRIATE TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST THEY OR THEIR IMMEDIATE FAMILY MAY HAVE ON AN ANNUAL BASIS SURVEYS ARE DISTRIBUTED ANNUALLY AND TIMELY RECEIPT IS MONIT ORED BY THE HOSPITAL'S COMPLIANCE DEPARTMENT
Form 990, Part VI, Lines 15a & 15b	IT IS THE POLICY OF THE STAMFORD HOSPITAL TO PAY EMPLOYEES FAIR AND COMPETITIVE WAGES THE HOSPITAL HAS ADOPTED A WAGE AND SALARY PROGRAM TO ENSURE THAT ALL EMPLOYEES ARE PAID IN R ELATION TO THE VALUE OF THE WORK THEY PERFORM THIS PROGRAM IS REVIEWED ANNUALLY EXECUTIV E COMPENSATION IS SUBJECT TO A MORE COMPREHENSIVE REVIEW, INCLUDING AN ANNUAL BENCHMARKING ANALYSIS AND BOARD-LEVEL APPROVAL PROCESS
Form 990, Part VI, Line 19	THE STAMFORD HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN CIAL STATEMENTS AVAILABLE UPON REQUEST Form 990, Part IX, Line 11G Fees for other service s PURCHASED SERVICES - $21,999,365 PHYSICIAN FEES - $10,919,257 CONSULTING - $5,096,138 CO LLECTION FEES - $4,005,246 INTERCOMPANY STAFFING FEES - $3,749,411 Community Benefit Grant - $2,291,321 TEMP NURSING - $1,298,029 Data Processing Svcs - $547,396 Total - $49,906,16 3
PART XI, LINE 9	Other Changes in Net Assets PENSION ADJUSTMENT - (18,572,247) EQUITY TRANSFER TO SHIP - (30,639,897) TOTAL (49,212,144)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 36 GROVE ST NEW CANAAN LLC 30 Shelburne RD Stamford, CT 06902 27-4941529	MED RENTALS	CT	79,348	3,894,424	TSH
(2) 24 GROVE ST NEW CANAAN LLC 30 Shelburne RD Stamford, CT 06902 27-4941167	MED RENTALS	CT	-19,032	374,770	TSH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Stamford Health System INC 30 Shelburne RD Stamford, CT 06902 22-2476636	Hosp Parent	CT	501(C)(3)	11, Type I	nA		No
(2) The Stamford Hospital Foundation 30 Shelburne RD Stamford, CT 06902 22-2478748	Fundraising	CT	501(C)(3)	9	SHS	Yes	
(3) Stamford Health Intergrated Practices 30 Shelburne RD Stamford, CT 06902 27-1648289	Medical SVCS	CT	501(C)(3)	9	SHS	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Stamford ObGYN Associates 30 Shelburne RD Stamford, CT 06902 06-1330879	Obstetrical Care	CT	SHS	C Corp	0	0		Yes	
(2) Healthstar Indemnity Co Limited FB PERRY BUILDING 40 CHURCH ST, HAMILTON BD	Self Insurance	BD	TSH	C Corp	3,551,000	75,707,000	100 000 %	Yes	
(3) Southwest Connecticut Radiology 30 Shelburne RD Stamford, CT 06902 45-3801216	Radiology	CT	SHS	S Corp	0	0	0 %	Yes	

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0646917
Name: THE STAMFORD HOSPITAL

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
STAMFORD HEALTH SYSTEM	k	128,413	FMV
STAMFORD HEALTH SYSTEM	r	927,402	BOOK VALUE
STAMFORD HEALTH SYSTEM	p	965,439	BOOK VALUE
STAMFORD HEALTH INTEGRATED PRACTICES	b	30,639,897	BOOK VALUE
STAMFORD HEALTH INTEGRATED PRACTICES	j	408,332	BOOK VALUE
STAMFORD HEALTH INTEGRATED PRACTICES	o	106,488	BOOK VALUE
HEALTHSTAR INDEMNITY CO	s	10,272,000	BOOK VALUE
HEALTHSTAR INDEMNITY CO	q	1,701,229	BOOK VALUE
Stamford ObGYN	r	99,618	Book Value
Southwest Connecticut Radiology	r	1,200,000	Cash Value
STAMFORD HEALTH SYSTEM	E	154,000	BOOK VALUE

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TY 2013 Earnings and Profits Other Adjustments Statement

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Amount
Deposit Accounting Adjustment	7,600,000

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TY 2013 Earnings and Profits Other Adjustments Statement

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Amount
Accrued Insurance Reserves	5,398,542

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TY 2013 Itemized Other Current Assets Schedule

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		ACCRUED INVESTMENT INCOME	60,204	40,777
		REINSURANCE BALANCE RECOVERABLE	3,989,294	3,377,134
		PREPAID EXPENSES	2,965	2,480

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TY 2013 Other Deductions Schedule

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Losses paid		1,127,001
Change IN OSLR		4,447,001
Change in Case Development Reserves		-175,460
Audit Fees		39,276
Consulting Fees		134,209
LEGAL CONSULTING FEES		4,045
Corporate Secretarial Fees		6,342
Government and Insurance Fees		12,302
Travel Expenses		29,485
Bank charges		662
Custody Fees		17,825
Investment Fees		25,225
Management Fees		80,500
MISCELLANEOUS		1,333
Risk Management Support		485,981

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TY 2013 Itemized Other Liabilities Schedule

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LOSS PAYABLE	42,143	163,076
		DUE TO PARENT	1	0
		OUTSTANDING LOSS RESERVES	11,819,886	16,996,084
		RESERVE FOR MALPRACTICE INSURANCE	18,216,328	16,678,709

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TY 2013 Other Income Statement

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Foreign Amount	Amount
UNREALIZED GAIN/LOSS ON INVESTMENTS		652,938
REALIZED GAIN		304,422

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TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: THE STAMFORD HOSPITAL

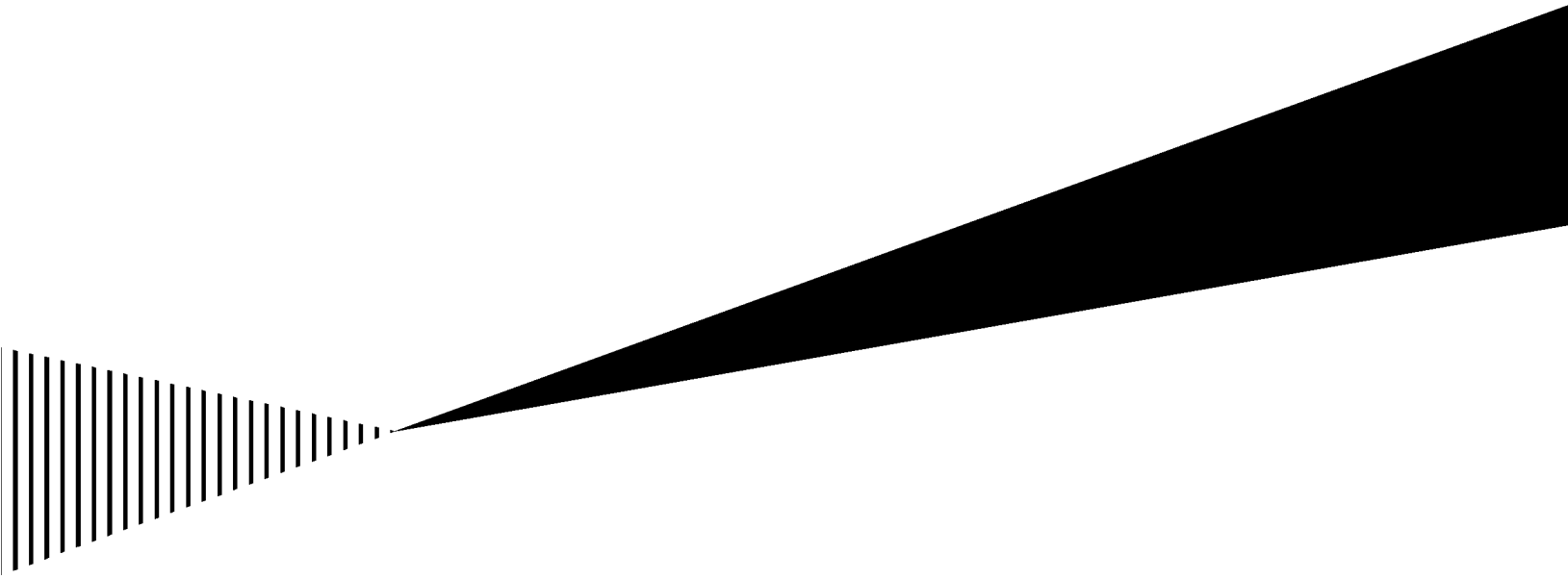
EIN: 06-0646917

Description	Beginning Amount	Ending Amount
CONTRIBUTED SURPLUS	11,788,063	11,788,063

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

The Stamford Hospital
Years Ended September 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



Building a better working world

The Stamford Hospital

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2014 and 2013

Contents

Ernst & Young LLP
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New York, NY 10036-6530

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Building a better working world

Report of Independent Auditors

The Board of Directors
The Stamford Hospital

We have audited the accompanying consolidated financial statements of The Stamford Hospital and subsidiaries (collectively referred to as the Hospital), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Building a better working world

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Stamford Hospital and subsidiaries at September 30, 2014 and 2013, and the consolidated results of their operations, changes in their net assets, and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating balance sheets at September 30, 2014 and 2013, and the consolidating statements of operations, changes in net assets, and schedules of net patient service revenue for the years then ended are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole

Ernst + Young LLP

January 23, 2015

The Stamford Hospital

Consolidated Balance Sheets
(In Thousands)

	September 30 2014	2013
Assets		
Current assets		
Cash and cash equivalents	**$ 104,026**	$ 107,796
Assets limited as to use	**113**	163
Short-term investments	**58**	44
Patient accounts receivable (less allowance for uncollectible accounts of $48,249 and $43,414, respectively)	**73,832**	72,355
Other receivables	**2,390**	4,942
Pledges receivable	**4,476**	2,635
Estimated third-party payor settlements, current	**2,838**	3,366
Other current assets	**12,768**	11,859
Total current assets	**200,501**	203,160
Assets limited as to use		
Held by captive insurance company	**41,617**	34,737
Long-term investments – endowments	**8,361**	8,033
Due from Parent – donor-restricted	**17,892**	18,042
Held by trustee – construction and debt service funds	**77,128**	167,015
	144,998	227,827
Long-term investments	**85,035**	71,832
Property, plant, and equipment, net	**421,460**	334,153
Pledges receivable, net	**21,200**	14,069
Due from Parent and affiliates	**7,443**	5,517
Other assets	**9,047**	9,956
Total assets	**$ 889,684**	$ 866,514

	September 30	
	2014	**2013**
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	**$ 5,562**	$ 5,664
Accounts payable and accrued expenses	**78,165**	70,247
Salaries, wages and fees payable	**14,631**	15,808
Accrued vacation liability	**20,649**	19,936
Estimated third-party payor settlements, current	**6,542**	6,229
Estimated professional liabilities, current	**11,017**	8,086
Total current liabilities	**136,566**	125,970
Pension liabilities	**73,008**	59,907
Estimated third-party payor settlements, net of current portion	**656**	1,164
Long-term debt, net of current portion	**367,973**	373,518
Due to Parent – board designated	**20,014**	20,014
Due to Parent and affiliates	**7,441**	8,308
Estimated professional liabilities, net of current portion	**33,959**	32,792
Other long-term liabilities	**129**	9,826
Total liabilities	**639,746**	631,499
Commitments and contingencies		
Net assets		
Unrestricted	**182,524**	187,106
Temporarily restricted	**59,053**	39,876
Permanently restricted	**8,361**	8,033
Total net assets	**249,938**	235,015
Total liabilities and net assets	**$ 889,684**	$ 866,514

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Operations
(In Thousands)

	Year Ended September 30	
	2014	**2013**
Unrestricted revenue, gains, and other support		
Net patient service revenue	**$ 537,674**	$ 541,863
Provision for bad debts	**(41,768)**	(50,056)
Net patient service revenue, less provision for bad debts	**495,906**	491,807
Other revenue	**23,279**	19,019
Net assets released from restrictions for operations	**1,495**	1,454
Total unrestricted revenue, gains, and other support	**520,680**	512,280
Expenses		
Salaries	**230,172**	220,611
Employee benefits	**52,440**	51,985
Pension settlement charge	**–**	11,856
Supplies and other expenses	**196,932**	190,096
Depreciation and amortization	**25,004**	25,439
Interest expense	**6,007**	6,274
Total expenses	**510,555**	506,261
Income from operations	**10,125**	6,019
Nonoperating gains and losses		
Loss on lease obligation	**(226)**	(1,784)
Investment returns	**3,238**	2,732
Change in net unrealized gains and losses	**363**	202
Total nonoperating gains and losses	**3,375**	1,150
Excess of revenue over expenses	**13,500**	7,169
Net assets released from restrictions used for purchases of property and equipment	**491**	913
Pension-related changes other than net periodic pension cost	**(18,573)**	60,088
(Decrease) increase in unrestricted net assets	**$ (4,582)**	$ 68,170

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Changes in Net Assets
(In Thousands)

Years Ended September 30, 2014 and 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at September 30, 2012	$ 118,936	$ 32,086	$ 8,033	$ 159,055
Excess of revenue over expenses	7,169	–	–	7,169
Pension-related changes other than net periodic pension cost	60,088	–	–	60,088
Contributions	–	8,873	–	8,873
Change in net unrealized gains and losses	–	104	–	104
Investment returns	–	1,180	–	1,180
Net assets released from restrictions for operations	–	(1,454)	–	(1,454)
Net assets released from restrictions used for purchases of property and equipment	913	(913)	–	–
Increase in net assets	68,170	7,790	–	75,960
Balance at September 30, 2013	187,106	39,876	8,033	235,015
Excess of revenue over expenses	**13,500**	–	–	**13,500**
Pension-related changes other than net periodic pension cost	**(18,573)**	–	–	**(18,573)**
Contributions	–	**20,012**	**328**	**20,340**
Change in net unrealized gains and losses	–	**214**	–	**214**
Investment returns	–	**937**	–	**937**
Net assets released from restrictions for operations	–	**(1,495)**	–	**(1,495)**
Net assets released from restrictions used for purchases of property and equipment	**491**	**(491)**	–	–
(Decrease) increase in net assets	**(4,582)**	**19,177**	**328**	**14,923**
Balance at September 30, 2014	**$ 182,524**	**$ 59,053**	**$ 8,361**	**$ 249,938**

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended September 30 2014	2013
Cash flows from operating activities		
Change in net assets	**$ 14,923**	$ 75,960
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Pension-related changes other than net periodic pension cost	**18,573**	(60,088)
Pension settlement charge	**–**	11,856
Net realized gains and losses and change in net unrealized gains and losses	**(3,157)**	(2,383)
Loss on lease obligation	**226**	1,784
Loss on disposal of fixed assets	**1,787**	–
Restricted contributions	**(20,340)**	(8,873)
Restricted investment returns	**(1,151)**	(1,284)
Depreciation and amortization	**25,004**	25,439
Amortization of deferred financing costs	**298**	304
Amortization of bond premium	**(271)**	(274)
Provision for bad debts	**41,768**	50,056
Changes in operating assets and liabilities		
Patient accounts receivable	**(43,245)**	(53,716)
Due to/from Parent and affiliates	**(2,793)**	(205)
Accounts payable and accrued expenses	**7,918**	6,546
Estimated third-party payor settlements	**333**	(4,640)
Estimated professional liabilities	**4,098**	(6,728)
Net change in all other operating assets and liabilities	**(22,746)**	8,066
Net cash provided by operating activities	**21,225**	41,820
Cash flows from investing activities		
Capital expenditures, net	**(113,929)**	(101,763)
Net cash redeemed from assets limited as to use and investments	**72,819**	93,118
Net cash used in investing activities	**(41,110)**	(8,645)
Cash flows from financing activities		
Restricted contributions	**20,340**	8,873
Restricted investment returns	**1,151**	1,284
Principal payments on long-term debt	**(5,376)**	(5,140)
Cash paid for deferred financing fees	**–**	(9)
Net cash provided by financing activities	**16,115**	5,008
Net (decrease) increase in cash and cash equivalents	**(3,770)**	38,183
Cash and cash equivalents, beginning of year	**107,796**	69,613
Cash and cash equivalents, end of year	**$ 104,026**	$ 107,796
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	**$ 17,855**	$ 18,537

See accompanying notes

The Stamford Hospital

Notes to Consolidated Financial Statements
(In Thousands)

September 30, 2014

1. Organization and Summary of Significant Accounting Policies

Organization

The Stamford Hospital (the Hospital or TSH) is a not-for-profit acute care hospital The Hospital provides inpatient, outpatient and emergency care services on its main campus and outpatient urgent care, imaging and rehabilitation services on an off-campus site (the Tully Center) Stamford Health System (SHS), a tax-exempt corporation, is the sole member of the Hospital

On November 29, 2002, the Hospital formed a wholly owned captive insurance company, Healthstar Indemnity Company, Ltd (Healthstar), located in Bermuda Healthstar was registered as a Class 1 Insurer, as defined under The Bermuda Insurance Act of 1978, effective October 9, 2003

Stamford Health Integrated Practices, Inc (SHIP) is a not-for profit corporation formed by SHS in fiscal year 2011 to provide a comprehensive network of physician practices and related management services In May 2011, SHIP was transferred from SHS to the Hospital

Consolidated Financial Statements

The accompanying consolidated financial statements are prepared in conformity with accounting principles generally accepted in the United States The consolidated financial statements include the accounts of the Hospital, Healthstar and SHIP All significant intercompany transactions and accounts have been eliminated in consolidation

Use of Estimates

The preparation of consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectible accounts receivable for services to patients and the valuation of alternative investments, and liabilities, including estimated payables to third-party payors, professional liabilities, pension liabilities, and disclosure of contingent assets and liabilities, at the date of the consolidated financial statements Estimates also affect the reported amounts of revenue and expenses during the reporting period There is at least a reasonable possibility that certain estimates will change by material amounts in the near team Actual results could differ from those estimates

1. Organization and Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased The Hospital routinely invests its surplus operating funds in money market funds These funds generally invest in highly liquid U S government and agency obligations Such amounts exclude cash and cash equivalents included in assets limited as to use and investments

Inventories

Inventories are included in other current assets and are recorded at the lower of cost (first-in, first-out method) or market

Pledges Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows The discounts on those amounts were computed using risk-free interest rates applicable to the years in which the promises were received

Investments

Investments consist of alternative investments and marketable securities Alternative investments are defined as nontraditional, not readily marketable asset classes, and consist of interests in hedge funds and funds of funds, some of which are structured such that the Hospital holds limited partnership interests, and are reported based upon net asset values derived from the application of the equity method of accounting Individual investment holdings of such limited partnerships which hold the alternative investments may, in turn, include investments in both marketable and nonmarketable securities Marketable securities which are not considered alternative investments, such as equity and debt securities, and the holdings of private mutual funds are recorded at fair value as quoted by the public markets Marketable securities are classified as trading securities

1. Organization and Summary of Significant Accounting Policies (continued)

Financial information used by the Hospital to evaluate its alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee Fund of funds investments are primarily based on financial data supplied by the underlying investee funds Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment The investment value reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses While these financial instruments may contain varying degrees of risk, the risk of TSH with respect to such transactions is limited to its capital balance in each investment Certain amounts are subject to notification to allow for divestiture, while other amounts have divestiture provisions based only on termination of the fund The financial statements of the investees are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with the Hospital's annual consolidated financial statement reporting At September 30, 2014 and 2013, SHS, for the account of the Hospital, has future commitments of $662 and $1,199, respectively, to invest in alternative investments

Alternative investments may indirectly expose TSH to liquidity restrictions, securities lending, short sales of securities, and trading in futures and forwards contracts, options and other derivative products There is uncertainty in determining fair values of alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings, time lags associated with reporting by the investee companies and the subjective evaluation of liquidity restrictions As a result, the values of alternative investments reported in the accompanying consolidated balance sheets might differ from the value that would have been used had a ready market for the alternative investment interests existed and there is at least a reasonable possibility that estimates will change by material amounts in the near term

Realized and unrealized gains and losses are included in determining the excess of revenue over expenses For the years ended September 30, 2014 and 2013, the Hospital recorded gains on unrestricted alternative investments of $1,804 and $1,239, respectively, which are included in investment returns in the accompanying consolidated statements of operations

1. Organization and Summary of Significant Accounting Policies (continued)

Investment Returns

Unrestricted investment returns (including realized and unrealized gains and losses on marketable securities, interest and dividends and realized and unrealized gains and losses on alternative investments) are included in the excess of revenue over expenses unless the income or loss is restricted by donor or law For the years ended September 30, 2014 and 2013, the Hospital recorded ordinary income and net realized gains of $1,434 and $1,493, respectively

Assets Limited as to Use

Assets limited as to use include amounts for professional liabilities, endowments, assets limited by donor restriction and assets held by trustee for construction and debt service Assets limited as to use required to meet current liabilities are reported as current assets

Due from Parent

Donor-restricted balances are held by SHS on behalf of the Hospital These assets include marketable securities, corporate bonds, government obligations, alternative investments and cash

Property, Plant, and Equipment

Property, plant, and equipment are recorded at cost or, in the case of gifts, at fair value at the date of the gift, less accumulated depreciation and amortization Assets acquired under capitalized leases are recorded at the present value of the lease payments at the inception of the lease The carrying amount of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of, and any resulting gain or loss is included in operations Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method Equipment under capital lease obligations and leasehold improvements are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment or leasehold improvement Interest cost incurred on borrowed funds, net of interest earned on such funds, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Estimated useful lives by classification are as follows

Land improvements	3 to 20 years
Buildings and improvements	5 to 40 years
Fixed equipment	5 to 25 years
Movable equipment	3 to 20 years
Leasehold improvements	3 to 15 years

Deferred Financing Costs

Included in other assets are deferred financing costs Costs incurred in connection with the issuance of bonds are amortized over the lives of the bonds using the effective interest method At September 30, 2014 and 2013, the accumulated amortization for deferred financing costs was $1,062 and $770, respectively In 2010, TSH issued State of Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, Series I Bonds (see Note 8) In 2012, TSH issued State of Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, Series J Bonds (see Note 8) Amortization of deferred financing costs is included in interest expense in the accompanying consolidated statements of operations

Insurance Recoveries Receivable

The Hospital records anticipated insurance recoveries separately from estimated insurance liabilities for medical malpractice claims and similar contingent liabilities in the accompanying consolidated balance sheets The insurance recoveries receivable included in other assets and related insurance claims liability included in estimated professional liabilities totaled $3,377 and $3,990 as of September 30, 2014 and 2013, respectively

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time period or purpose When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported as net assets released from restrictions

Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity

1. Organization and Summary of Significant Accounting Policies (continued)

Consolidated Statements of Operations

For the purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services, are reported as unrestricted revenue, gains and other support and expenses Peripheral or incidental transactions are reported as nonoperating gains and losses and consist primarily of investment returns and loss on lease obligations (see Note 17)

The consolidated statements of operations include the excess of revenue over expenses as the performance indicator Pension-related changes other than net periodic pension cost and contributions of long-lived assets (including assets acquired using contributions which by donor restrictions were to be used for the purposes of acquiring such assets) are excluded from the Hospital's performance indicator

Patient Accounts Receivable and Net Patient Service Revenue

Patient accounts receivable result from the health care services provided by the Hospital Additions to the allowance for doubtful accounts result from the provision for bad debts Accounts written off as uncollectible are deducted from the allowance for doubtful accounts The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators

Net patient service revenue is reported at estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are provided and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations

1. Organization and Summary of Significant Accounting Policies (continued)

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy, without charge or at amounts less than its established rates Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue

Contributions

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received Conditional promises to give, and indications of intentions to give, are reported at fair value at the date the gift becomes unconditional Contributions are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of changes in net assets as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements

Temporarily restricted net assets are available for certain health care services as defined in the donor agreements Income earned from these funds that is unrestricted is included in investment returns in the accompanying consolidated statements of operations Income earned from these funds that are restricted by donor or law is included as a component of temporarily restricted net assets in the accompanying consolidated statements of changes in net assets

Estimated Professional Liabilities

Insurance reserves represent estimated unpaid losses and loss adjustment expenses Such amounts are established using management's estimates on the basis of claims records and an independent actuarial review and include an amount for the adverse development of reported claims Adjustments to the estimate of the liability for losses are reflected in earnings in the period in which the adjustment is determined The insurance reserves are necessarily based on estimates and, while management believes that the amount is adequate, the ultimate liability may vary significantly from the amount provided Anticipated insurance recoveries are included in other assets and are presented separately from estimated professional liabilities in the accompanying consolidated balance sheets

1. Organization and Summary of Significant Accounting Policies (continued)

Income Taxes

The Hospital and SHIP are not-for-profit corporations and have been recognized as tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code, and their related income is not subject to federal or state income taxes

Healthstar has received an undertaking from the Bermuda Government, exempting it from any future local income, profits and capital gains taxes until March 31, 2035 At the present time, no such taxes exist in Bermuda

Pension Plans

The policy of the Hospital is to fund amounts as necessary on an actuarial basis to provide assets sufficient to meet the benefits to be paid to plan members in accordance with the requirements of the Employee Retirement Income Security Act of 1974 (ERISA)

2. Community Benefit and Charity Care

The Hospital is committed to providing health care services to the community During 2013 and 2014, the Hospital initiated a formal community health needs assessment of its service areas in partnership with the City of Stamford Health Department This process includes the analysis of qualitative and quantitative data and involves interviews with social service and other community organizations to elicit their input as to community needs and opportunities for collaborative partnerships The Hospital also administered a community survey to obtain feedback directly from the population served by the Hospital The survey was facilitated through selected community venues

The Hospital provides a variety of programs that benefit the community, including health screenings, immunization programs, social services and support counseling for patients and families, crisis intervention, community health education, and the donation of space for use by community groups Health education programs provided by the Hospital include smoking cessation, weight loss, stress management, and programs focused on such specific health factors or disease entities as heart disease, breast cancer, sleep disorders, arthritis, high cholesterol, cancer prevention, nutrition, stress management, circulatory problems, digestive disorders, pain management, sports injuries, and children's nutrition

(In Thousands)

2. Community Benefit and Charity Care (continued)

In collaboration with the City of Stamford Health Department, the Hospital sponsored a joint City of Stamford-wide flu campaign to reduce the number of hospitalizations and emergency department visits In addition, the Hospital works in partnership with the City of Stamford HIV prevention program and a third-party organization The Hospital's mobile mammography program served community centers, places of employment and churches, providing on-site mammograms including free screenings for those without insurance Kid's Fitness and Nutrition Services (KidsFANS) is a Hospital-led, community-wide task force designed to promote physical activity and health conscious nutrition among children Over the past year, the Hospital has provided thousands of free health screenings at health fairs and events throughout the community The Hospital's physicians and other health professionals offer services and speak to various community groups and organizations on health related topics, ranging from stress and pain management to heart disease and joint replacement

The Hospital maintains records to identify and monitor the level of charity care it provides Charges foregone for these services, based on its established rates pursuant to the requirements of the State of Connecticut, were $30,000 and $29,000 for the years ended September 30, 2014 and 2013, respectively For the years ended September 30, 2014 and 2013, the estimated cost of charity care was $8,800 and $8,900, respectively The estimated cost of charity care includes the direct and indirect cost of providing charity care services and is estimated by multiplying the total charges associated with the care provided by the ratio of total patient care expenses to total charges for all services rendered

The State of Connecticut distributes funds from its Uncompensated Care Pool, based on a formula that includes both the provision for bad debts, net of recoveries, and free care, also described as charity care The following table sets forth the Hospital total of bad debt expense and charity care for the years ended September 30, 2014 and 2013

	2014	2013
Provision for bad debts – net of recoveries	**$ 41,768**	$ 50,056
Charity care based on charges	**30,293**	28,856
Total uncompensated care	**$ 72,061**	$ 78,912

2. Community Benefit and Charity Care (continued)

For distributions from the Uncompensated Care Pool, the Hospital received $6,932 and $14,607 for the years ended September 30, 2014 and 2013, respectively, which is included in net patient service revenue in the accompanying consolidated statements of operations and paid $17,311 of tax assessments for each of the years ended September 30, 2014 and 2013

3. Net Patient Service Revenue

TSH has agreements with third-party payors that provide for payments to TSH for services at amounts different from its established rates A summary of the payment arrangements of TSH with major third-party payors follows

Medicare: Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary The classification of patients of the Hospital under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital The Medicare cost reports of the Hospital have been audited and finalized by the Medicare fiscal intermediary through the year ended September 30, 2011, except for the year ended December 31, 2009

Medicaid: Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge Outpatient services rendered to Medicaid program beneficiaries are reimbursed under cost-based and fee schedule methodologies The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediary The Medicaid cost reports of the Hospital for 2012 and prior have been settled All Medicaid cost reports are subject to audit and finalization by the State of Connecticut

3. Net Patient Service Revenue (continued)

The Hospital also has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge or day of hospitalization and discounts from established charges

Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Hospital's allowance for uncollectible accounts was $48,249 and $43,414 at September 30, 2014 and 2013, respectively

(In Thousands)

3. Net Patient Service Revenue (continued)

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy) On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided

Patient service revenue for the years ended September 30, 2014 and 2013, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources is as follows

	2014	2013
Third-party payors	**$ 494,660**	$ 498,298
Self-pay	**43,014**	43,565
Total all payors	**$ 537,674**	$ 541,863

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payors for adjustments to current and prior year payment rates, based on industry-wide and hospital-specific data Such amounts are included in the accompanying consolidated balance sheets Additionally, certain payors' payment rates for various years have been appealed by the Hospital If the appeals are successful, additional income applicable to those years might be realized

(In Thousands)

3. Net Patient Service Revenue (continued)

There are various proposals at the Federal and state levels that could, among other things, change payment rates The ultimate outcome of these proposals and other market changes cannot be presently determined

During the years ended September 30, 2014 and 2013, the Hospital recorded $353 and $1,285, respectively, of previously recorded estimated third-party payor settlement liabilities were no longer considered necessary and were included as increases in net patient service revenue

The percentages of net patient service revenue received by the Hospital from various third-party payors and patients were as follows for the years ended September 30, 2014 and 2013

	2014	**2013**
Medicare	**19%**	19%
Medicaid	**9**	8
Managed care organizations	**41**	40
Other third-party payors	**25**	25
Self-pay	**6**	8
	100%	100%

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Additionally, noncompliance with such laws and regulations could result in fines, penalties, and/or exclusion from the Medicare and Medicaid programs The Hospital believes that it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that could have a material effect on the accompanying consolidated financial statements

(In Thousands)

4. Assets Limited as to Use and Investments

Assets limited as to use and investments are stated at fair value, except for alternative investments which are recorded using the equity method of accounting as described in Note 1

Assets Limited as to Use

The composition of assets limited as to use (exclusive of amounts due from and held by SHS, see Note 1) at September 30, 2014 and 2013 is as follows

	2014	2013
Current portion		
Cash and cash equivalents	**$ 113**	$ 163
Held by captive insurance company		
Cash and cash equivalents	**$ 10,193**	$ 6,425
Mutual funds	**20,144**	19,424
Alternative investments – hedge funds	**11,280**	8,888
	$ 41,617	$ 34,737
Long-term investments – endowments		
Cash and cash equivalents	**$ 717**	$ 237
Mutual funds	**3,361**	3,677
Alternative investments – hedge funds	**2,488**	2,389
Alternative investments – limited partnerships	**1,505**	1,427
Private mutual funds	**290**	303
	$ 8,361	$ 8,033
Held by trustee – construction and debt service funds		
Cash and cash equivalents	**$ 77,128**	$ 167,015

(In Thousands)

4. Assets Limited as to Use and Investments (continued)

The composition of investments at September 30, 2014 and 2013 is as follows

	2014	2013
Short-term investments		
Cash and cash equivalents	**$ 58**	$ 8
Mutual funds	**–**	36
	$ 58	$ 44
Long-term investments		
Cash and cash equivalents	**$ 11,376**	$ 1,133
Corporate bonds	**–**	2,043
Government securities	**7,974**	8,527
Mutual funds	**46,067**	44,096
Alternative investments – hedge funds	**11,397**	9,301
Alternative investments – limited partnerships	**6,894**	5,556
Private mutual funds	**1,327**	1,176
	$ 85,035	$ 71,832

Total returns on investments for the years ended September 30, 2014 and 2013 consist of the following

	2014			2013		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Ordinary income (interest and dividends)	**$ 444**	**$ 91**	**$ 535**	$ 424	$ 113	$ 537
Net realized gains and losses	**990**	**377**	**1,367**	1,069	365	1,434
Gains and losses from alternative investments	**1,804**	**469**	**2,273**	1,239	702	1,941
Investment returns	**3,238**	**937**	**4,175**	2,732	1,180	3,912
Change in net unrealized gains and losses	**363**	**214**	**577**	202	104	306
	$ 3,601	**$ 1,151**	**$ 4,752**	$ 2,934	$ 1,284	$ 4,218

(In Thousands)

5. Pledges Receivable

Pledges are recorded at the net present value determined using a discount rate commensurate with the rate on U S Treasury obligations whose maturities correspond to the maturities of the pledges At September 30, 2014 and 2013, pledges receivable consist of the following

	2014	2013
Amounts expected to be collected in		
Less than one year	**$ 4,712**	$ 2,773
One to five years	**23,612**	15,451
Less		
Reserve for uncollectible pledges	**1,416**	911
Discount on pledges	**1,232**	609
Current portion	**4,476**	2,635
Pledges receivable, net	**$ 21,200**	$ 14,069

6. Property, Plant, and Equipment

Property, plant, and equipment, at cost, and accumulated depreciation and amortization at September 30, 2014 and 2013 are summarized as follows

	2014	2013
Land	**$ 43,861**	$ 43,861
Land improvements	**4,102**	4,060
Buildings and improvements	**187,757**	181,926
Fixed equipment	**138,852**	123,001
Movable equipment	**216,808**	205,207
Leasehold improvements	**12,301**	8,312
	603,681	566,367
Less accumulated depreciation and amortization	**388,147**	365,067
	215,534	201,300
Construction-in-progress	**205,926**	132,853
	$ 421,460	$ 334,153

(In Thousands)

6. Property, Plant, and Equipment (continued)

Included in property, plant, and equipment are assets under capital leases of $1,666 at September 30, 2014 and 2013, with accumulated amortization of $1,440 and $1,060, respectively

Depreciation and amortization expense for the years ended September 30, 2014 and 2013 was $25,004 and $25,439, respectively Included in depreciation and amortization expense are amounts related to assets under capital leases of $380 for the years ended September 30, 2014 and 2013

Net interest capitalized for the years ended September 30, 2014 and 2013 was $11,840 and $12,108, respectively

In May 2009, SHS submitted an application for a certificate of need with the State of Connecticut for the Master Facility Plan of the Hospital which includes the construction of a new addition and central utility plant, modernization of the emergency department and other infrastructure improvements The estimated project cost for the Master Facility Plan is $450,000, consisting of construction costs and equipment Construction in progress as of September 30, 2014 and 2013, includes, exclusive of capitalized interest, $172,093 and $105,000, respectively, of capitalized costs relating to the costs incurred for the planning and construction of the Master Facility Plan As of September 30, 2014, the Hospital has entered into future commitments tied to the Master Facility Plan totaling $186,249

7. Net Assets

Temporarily restricted net assets are available for the following purposes at September 30, 2014 and 2013

	2014	2013
Health care services		
Purchase of equipment	**$ 26,207**	$ 22,386
Patient care	**31,386**	16,106
Health education	**1,460**	1,384
	$ 59,053	$ 39,876

7. Net Assets (continued)

Permanently restricted net assets are restricted to investments to be held in perpetuity, the income from which is expendable to support health care services

The Hospital follows the requirements of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as they relate to its endowments The Hospital's endowments consist of numerous individual funds established for a variety of purposes and consist solely of donor-restricted endowment funds As required by U S generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Hospital to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions

The Hospital has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Hospital classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is characterized as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA In accordance with UPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted funds

- The duration and preservation of the fund
- The purposes of the Hospital and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Hospital
- The investment policies of the Hospital

(In Thousands)

7. Net Assets (continued)

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity Under these policies, the endowment and manager performance are evaluated against market indices and peer groups which provide meaningful benchmarks for monitoring the investment performance

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints

The following tables set forth the changes to assets as they relate to the Hospital's endowments for the years ended September 30, 2014 and 2013

	2014		
	Temporarily Restricted	**Permanently Restricted**	**Total**
Endowment assets, September 30, 2013	**$ 2,030**	**$ 8,033**	**$ 10,063**
Investment return (realized and unrealized)	**1,103**	**–**	**1,103**
Contributions	**–**	**328**	**328**
Appropriation of endowment assets for expenditure	**(509)**	**–**	**(509)**
Endowment assets, September 30, 2014	**$ 2,624**	**$ 8,361**	**$ 10,985**

	2013		
	Temporarily Restricted	**Permanently Restricted**	**Total**
Endowment assets, September 30, 2012	$ 1,160	$ 8,033	$ 9,193
Investment return (realized and unrealized)	1,254	–	1,254
Appropriation of endowment assets for expenditure	(384)	–	(384)
Endowment assets, September 30, 2013	$ 2,030	$ 8,033	$ 10,063

(In Thousands)

7. Net Assets (continued)

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the Hospital to retain as a fund of perpetual duration There were no significant deficiencies of this nature that are reported in unrestricted net assets as of September 30, 2014 and 2013

8. Long-Term Debt

At September 30, 2014 and 2013, long-term debt consists of the following

	September 30	
	2014	**2013**
State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series I, payable in varying annual amounts with fixed interest rates varying from 3 75% to 5 00%, with the final payment due in 2030	**$ 115,035**	$ 119,825
State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series J, payable in varying annual amounts with fixed interest rates varying from 3 25% to 5 125%, with the final payment due in 2042	**250,000**	250,000
Term promissory notes bearing interest at LIBOR plus 2 00%, maturing June 1, 2021	**3,554**	3,708
Capital lease obligations	**107**	539
	368,696	374,072
Unamortized bond premium	**4,839**	5,110
	373,535	379,182
Less current portion	**5,562**	5,664
	$ 367,973	$ 373,518

8. Long-Term Debt (continued)

The State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series I (the Series I Bonds) were issued on May 12, 2010, in the amount of $132,990 for a term of 20 years, at a premium of $1,002 As of September 30, 2014 and 2013, accumulated amortization related to the bond premium was $341 and $267, respectively The Series I Bonds were used for the refunding of the State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series F and Series G Bonds, and bank loans The proceeds were also used for financing architectural, engineering, site permitting, legal and planning costs relating to the Master Facility Plan In addition, the proceeds were used to finance routine capital expenditures including, but not limited to land acquisitions, renovations, planning activities and equipment purchases The proceeds also reimbursed TSH for certain capital expenditures and certain costs of issuance of the Series I Bonds

The State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series J (the Series J Bonds) were issued on June 20, 2012 in the amount of $250,000 for a term of 30 years, at a premium of $4,621 As of September 30, 2014 and 2013, accumulated amortization related to the bond premium was $443 and $246, respectively The Series J Bonds proceeds will be used for financing architectural, engineering, site permitting, legal planning and construction costs relating to the Master Facility Plan The proceeds also reimbursed TSH for certain costs of issuance of the Series J Bonds

Hospital gross receipts are pledged as collateral under debt arrangements relating to the Series I and Series J bonds

In May 2011, the Hospital entered into a mortgage note agreement with a bank for $4,100, bearing interest at LIBOR plus 2 00% at September 30, 2014 and 2013 The purpose of the mortgage note was to fund the acquisition of a property in New Canaan, Connecticut The mortgage note is payable in monthly installments and matures on June 1, 2021

At September 30, 2014 and 2013, the Hospital has a line of credit available with a bank totaling $30,000 and a maturity date of May 20, 2015 There were no amounts outstanding on the line of credit at September 30, 2014 and 2013 Under this line of credit, the bank issued a maximum letter of credit to the Hospital for $5,000

SHS is the guarantor of all obligations of the Hospital with respect to the Series I Bonds, the mortgage note payable and the line of credit

(In Thousands)

8. Long-Term Debt (continued)

SHS must maintain certain financial ratios with respect to the Series I and Series J Bonds, the mortgage note payable and the line of credit As of September 30, 2014, SHS was in compliance with such debt covenants

Scheduled principal payments on long-term debt are as follows

	Loans Payable	Capital Leases	Total
Fiscal year			
2015	$ 5,455	$ 107	$ 5,562
2016	5,693	–	5,693
2017	7,539	–	7,539
2018	7,889	–	7,889
2019	8,209	–	8,209
Thereafter	338,643	–	338,643
Total minimum payments	373,428	107	373,535
Less current portion of long-term debt	5,455	107	5,562
	$ 367,973	$ –	$ 367,973

9. Retirement Benefits

The Hospital provides retirement benefits through several plans, including a defined benefit pension plan, supplementary executive retirement programs (SERPs) and a defined contribution pension plan

Defined Benefit Pension Plan and SERPs

The Hospital participates in SHS's defined benefit pension plan (the Plan) The Plan covers employees and eligible employees of its affiliates who were employed as of August 1, 2002 and elected to continue earning future benefits after December 31, 2002 in the Plan Benefits are based on age at retirement, years of credited service and average compensation for a specified period prior to retirement The SERPs cover certain employees which provide benefits to participants without regard to statutory limitations on the maximum amount of compensation which may be taken into account by, nor the maximum benefits which may be paid from, such plans The SERPs are nonqualified plans and are unfunded

(In Thousands)

9. Retirement Benefits (continued)

Information in the accompanying consolidated financial statements relates to the portion of the retirement plans of the Hospital The measurement date is September 30

The Hospital recognizes in its consolidated balance sheet an asset, for a defined benefit postretirement plan's overfunded status, or a liability, for a plan's underfunded status, measures a defined benefit postretirement plan's assets and obligations that determine funded status as of the end of the employer's fiscal year, and recognizes the periodic change in the funded status of a defined benefit postretirement plan as a component of changes in unrestricted net assets in the year in which the change occurs

During 2013, certain terminated vested participants and their qualifying beneficiaries in the Plan were offered the opportunity to elect and receive a lump sum payment of their accrued and vested funded benefit under the Plan The payments reflected a full settlement of all plan liabilities to such participants and their qualifying beneficiaries 519 participants elected a lump sum payment, which resulted in a cash payout of $26,900 and a corresponding reduction of liability of $33,000 A non-cash settlement charge of $11,856 was recorded to recognize the Plan's deferred losses attributable to the liabilities settled

Included in other changes in unrestricted net assets at September 30, 2014 and 2013 are the following amounts that have not yet been recognized in net periodic pension cost

	2014		
	Plan	**SERPs**	**Total**
Unrecognized prior service cost	**$ –**	**$ –**	**$ –**
Unrecognized actuarial loss	**(95,730)**	**(110)**	**(95,840)**
	$ (95,730)	**$ (110)**	**$ (95,840)**

	2013		
	Plan	**SERPs**	**Total**
Unrecognized prior service cost	$ –	$ –	$ –
Unrecognized actuarial loss	(77,247)	(20)	(77,267)
	$ (77,247)	$ (20)	$ (77,267)

(In Thousands)

9. Retirement Benefits (continued)

The prior service cost and actuarial loss included in changes in unrestricted net assets at September 30, 2014 and expected to be recognized in net periodic pension cost during the year ending September 30, 2015 are as follows

	Plan	SERPs
Prior service cost	$ –	$ –
Net (loss) gain	**(8,963)**	**64**

The reconciliation of the beginning and ending balances of the benefit obligation and the fair value of the plans' assets for the years ended September 30, 2014 and 2013 are as follows

	Plan		SERPs		Total	
	2014	**2013**	**2014**	**2013**	**2014**	**2013**
Benefit obligation						
Benefit obligation, beginning of year	$ **234,082**	$ 288,713	$ **1,243**	$ 1,193	$ **235,325**	$ 289,906
Service cost	**2,914**	3,326	**111**	101	**3,025**	3,427
Interest cost	**11,548**	10,975	**60**	49	**11,608**	11,024
Settlements	–	(26,874)	–	–	–	(26,874)
Actuarial losses (gains)	**27,402**	(34,354)	**104**	(75)	**27,506**	(34,429)
Benefits paid	**(10,988)**	(7,704)	**(34)**	(25)	**(11,022)**	(7,729)
Benefit obligation, end of year	**264,958**	234,082	**1,484**	1,243	**266,442**	235,325
Plan assets						
Fair value of plan assets, beginning of year	**175,378**	180,704	**–**	–	**175,378**	180,704
Actual return on plan assets	**13,991**	14,252	**–**	–	**13,991**	14,252
Settlements	–	(26,874)	–	–	–	(26,874)
Employer contributions	**15,000**	15,000	**34**	25	**15,034**	15,025
Benefits paid	**(10,988)**	(7,704)	**(34)**	(25)	**(11,022)**	(7,729)
Fair value of plan assets, end of year	**193,381**	175,378	**–**	–	**193,381**	175,378
Funded status	$ **(71,577)**	$ (58,704)	$ **(1,484)**	$ (1,243)	$ **(73,061)**	$ (59,947)
Current portion of obligation	$ **–**	$ –	$ **(53)**	$ (40)	$ **(53)**	$ (40)
Noncurrent portion of obligation	**(71,577)**	(58,704)	**(1,431)**	(1,203)	**(73,008)**	(59,907)
Total	$ **(71,577)**	$ (58,704)	$ **(1,484)**	$ (1,243)	$ **(73,061)**	$ (59,947)
Accumulated benefit obligation	$ **(252,945)**	$ (219,719)	$ **(1,484)**	$ (1,243)	$ **(254,429)**	$ (220,962)

(In Thousands)

9. Retirement Benefits (continued)

The current portion of accrued retirement benefits related to the plans is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets

The weighted-average assumptions used in determining the pension and postretirement benefit obligations at September 30, 2014 and 2013 were as follows

	Plan		SERPs	
	2014	**2013**	**2014**	**2013**
Discount rate	**4.45%**	5 05%	**4.25%**	4 75%
Rate of compensation increase	**2.50**	3 00	–	–

Net periodic pension cost and postretirement cost for the years ended September 30, 2014 and 2013 consist of the following components

	Plan		SERPs		Total	
	2014	**2013**	**2014**	**2013**	**2014**	**2013**
Service cost	**$ 2,914**	$ 3,326	**$ 111**	$ 101	**$ 3,025**	$ 3,427
Interest cost	**11,548**	10,975	**60**	49	**11,608**	11,024
Expected return on plan assets	**(11,936)**	(11,527)	–	–	**(11,936)**	(11,527)
Amortization of prior service cost	–	3	–	–	–	3
Amortization of actuarial loss	**6,868**	11,066	**10**	7	**6,878**	11,073
Net periodic pension cost	**$ 9,394**	$ 13,843	**$ 181**	$ 157	**$ 9,575**	$ 14,000

(In Thousands)

9. Retirement Benefits (continued)

Weighted-average assumptions used in determining the net periodic pension and postretirement benefit costs for the years ended September 30, 2014 and 2013 were as follows

	Plan		SERPs	
	2014	**2013**	**2014**	**2013**
Discount rate	**5.05%**	4 10%	**4.75%**	4 00%
Expected long-term rate of return on plan assets	**6.75**	6 75	–	–
Rate of compensation increase	**3.00**	3 00	–	–

The expected long-term rate of return on plan assets assumption was based on expected real rates of return, plus inflation and less anticipated expenses paid from the trust The expected rate of return selected was consistent with the range of historical returns and target percentages for various asset classes and with the Plan's desired investment return objectives

The actuarial loss in 2014 primarily relates to changes in the discount rate and mortality improvement scale to measure the benefit obligation, and the actuarial gain in 2013 primarily relates to changes in the discount rate used to measure the benefit obligation

Plan Assets

The Plan's weighted-average asset allocation at September 30, 2014 and 2013 is as follows

	2014	**2013**
Equity securities	**25%**	23%
Fixed income securities	**29**	30
Alternative investments – limited partnerships	**19**	17
Alternative investments – hedge funds	**23**	27
Cash and cash equivalents	**4**	3
	100%	100%

(In Thousands)

9. Retirement Benefits (continued)

The Plan's asset allocation provides the following asset allocation ranges

	Target Allocation	Allocation Range
Equity securities	30%	10–50%
Fixed income securities	35	15–55
Alternative investments – limited partnerships	5	0–10
Alternative investments – hedge funds	30	20–40
Cash and cash equivalents	–	0–20

Ordinarily, cash flows are used to maintain allocation percentages that are close to the target allocation percentages If cash flows are not sufficient to maintain allocation percentages within the above ranges, the trustee and/or the Investment Subcommittee of the Finance Committee of the Board of Directors will adjust the allocations as soon as practicable

Investment Strategy

The Hospital invests pension fund assets with standards of prudence and care established under ERISA solely for the purposes of meeting plan participants' future benefit payments as due The fund is diversified among asset classes, investment management organizations and styles of management in order to improve performance and lessen investment risk Liquidity needs of the fund are reviewed at least monthly

Cash Flows

TSH expects to contribute $15,055 to the Plans during fiscal year 2015

(In Thousands)

9. Retirement Benefits (continued)

Future benefit payments by the plans, reflective of expected future service, are expected to be paid as follows

	Plan	SERPs	Total
Fiscal year ending September 30			
2015	$ 9,649	$ 55	$ 9,704
2016	10,416	55	10,471
2017	11,167	55	11,222
2018	11,998	61	12,059
2019	12,891	84	12,975
2020 through 2024	77,539	416	77,955

Defined Contribution Plan

On January 1, 2003, SHS established a defined contribution plan (the DC Plan) Existing SHS employees and employees of its affiliates were given the option of foregoing future benefits under the Plan to earn future benefits in the DC Plan beginning on January 1, 2003, or continuing to earn future benefits under the Plan The effect of the establishment of the DC Plan resulted in a curtailment for those participants that chose to forgo future benefits under the Plan Included in employee benefit expenses in the accompanying consolidated statements of operations for the years ended September 30, 2014 and 2013 are $5,974 and $5,879, respectively, in pension contributions to the DC Plan

10. Professional Liability Insurance

The Hospital self-insured a portion of its medical professional liability insurance coverage through September 30, 2002 Excess commercial insurance policies were maintained for coverage in excess of the self-insured limits These commercial insurers provided coverage limits totaling $35,000 per occurrence and $35,000 in the aggregate

For the period from October 1, 1985 to October 1, 2002, the Hospital maintained a self-insured retention for medical professional liability insurance risk internally through the establishment of an irrevocable trust (the Trust), which segregated assets needed to cover medical professional self-insured claim liability, as well as reporting endorsement (tail) liability for this exposure, and costs associated with these liabilities and the maintenance of the Trust The tail liability results

10. Professional Liability Insurance (continued)

from events that have occurred, but have not yet been reported, under claims-made insurance coverage The limits of liability coverage afforded through the self-insured retention for the years covered under the Trust range from $1,000 per occurrence subject to $3,000 in the annual aggregate to $3,000 per occurrence subject to $9,000 in the annual aggregate

Under the Trust agreement, Trust assets can only be used for payment of medical professional liability losses, related expenses, and the cost of administering and maintaining the Trust Assets of and contributions to the Trust, which are invested in cash and short-term investments, are included in the noncurrent portion of assets limited as to use in the accompanying consolidated balance sheets

The Hospital expensed $460 and $637 for medical professional liability self-insurance for the years ended September 30, 2014 and 2013, respectively The undiscounted actuarially determined tail liability of $11,307 and $10,841 is included in the estimated professional liabilities in the accompanying consolidated balance sheets at September 30, 2014 and 2013, respectively

Healthstar is responsible for the medical professional liability, as well as general liability, insurance exposures of the Hospital beginning October 1, 2002, and is fully funded by the Hospital Since October 1, 2002, the limits of medical professional and general liability insurance coverage afforded through Healthstar have ranged, on a net of reinsurance basis, from $5,000 per claim subject to no annual aggregate to as much as $5,000 per claim subject to an annual aggregate of $25,000, and have also included limits for general liability on a net retained basis of $2,000 per claim subject to an annual aggregate of $4,000 Healthstar retains, net and exclusive of reinsurance, a primary layer of $5,000 per claim for professional liability subject to $18,500 in the annual aggregate, an excess buffer layer, directly above the primary layer, of $1,000 per claim subject to $1,000 in the annual aggregate, and an additional layer of annual aggregate coverage of $1,500 in excess of $45,000 in aggregate commercial reinsurance, which lies directly above the buffer layer noted above but below the additional $1,500 annual aggregate coverage referenced above For general liability, Healthstar retains, net and exclusive of reinsurance, a primary layer of $2,000 per claim subject to $4,000 in the annual aggregate, and for employee benefits liability a primary layer of $1,000 per claim subject to $1,000 in the annual aggregate A separate tower of commercial reinsurance coverage equaling $45,000 per claim and in the annual aggregate lies above the net retained general and employee benefits liability limits of coverage noted above, as well as above scheduled underlying commercial

10. Professional Liability Insurance (continued)

insurance policies Healthstar retains, net and exclusive of reinsurance, a primary layer of terrorism liability insurance coverage for limits of $5,000 per claim and $5,000 in the annual aggregate Commercial excess terrorism reinsurance coverage equaling $20,000 per claim subject to $20,000 in the annual aggregate is purchased in excess of the net retained terrorism liability limits of coverage noted above All commercial reinsurance afforded to Healthstar is provided by a combination of syndicates at Lloyd's of London and European reinsurers

For the year ended September 30, 2014, the Hospital paid insurance premiums of $10,272 to Healthstar, $7,600 of which relates to the coverage under Healthstar and $2,672 of which relates to the coverage reinsured with third-party reinsurers Of the $10,272 insurance premium payments, $1,603 was paid by the Hospital on behalf of its affiliates

For the year ended September 30, 2013, the Hospital paid insurance premiums of $9,974 to Healthstar, $7,432 of which relates to the coverage under Healthstar and $2,542 of which relates to the coverage reinsured with third-party reinsurers Of the $9,974 insurance premium payments, $1,462 was paid by the Hospital on behalf of its affiliates

Healthstar employs the services of an actuary to estimate professional and general liabilities As of September 30, 2014 and 2013, Healthstar's undiscounted estimated professional and general liabilities for claims and expenses are $30,298 and $26,047, respectively For the years ended September 30, 2014 and 2013, claims covered and expensed by Healthstar amounted to $1,127 and $5,625, respectively

The Hospital recorded an estimated insurance recoveries receivable and insurance claim liability of $3,377 and $3,990 as of September 30, 2014 and 2013, respectively The insurance recoveries receivable is included in other assets and the insurance claim liability is included in estimated professional liabilities in the accompanying consolidated balance sheets These amounts primarily relate to professional liability claims insured with third-party reinsurers

11. Related-Party Transactions

Amounts due to Parent and affiliates represent amounts due to related entities for expenses paid on the Hospital's behalf and are currently payable without interest At September 30, 2014 and 2013, amounts due to affiliates totaled $7,441 and $8,308, respectively

The Hospital leases certain real property from affiliates Rent expense to affiliates for the years ended September 30, 2014 and 2013 is $1,924 and $1,721, respectively

The Hospital provides professional services to its affiliates at varying amounts Other revenue in the accompanying consolidated statements of operations include $83 earned from professional services provided to affiliates for the year ended September 30, 2013 Amounts receivable from affiliates for professional services described above and other services were $7,443 and $5,517 at September 30, 2014 and 2013, respectively

Donor-restricted contributions are maintained in an investment account at SHS Amounts due from SHS for donor-restricted contributions was $17,892 and $18,042 at September 30, 2014 and 2013, respectively

Amounts due to SHS of $20,014 at September 30, 2014 and 2013 represent board-designated items related to cash transfers made in the years ended September 30, 2001 through September 30, 2004 and certain investments held by the Hospital for SHS

(In Thousands)

12. Other Revenue

Other revenue consists of the following

	Year Ended September 30	
	2014	**2013**
Contributions	**$ 5,310**	$ 2,409
Rental income	**3,245**	3,005
Electronic health records incentive payments	**2,483**	1,961
Grant revenue	**664**	670
Investment income	**1,234**	1,401
Rehabilitation services	**3,194**	3,166
Other	**7,149**	6,407
	$ 23,279	$ 19,019

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received EHR incentive

(In Thousands)

12. Other Revenue (continued)

payment revenue totaling $2,500 and $2,000 for the years ended September 30, 2014 and 2013 (Medicare $2,100 and $1,500 for 2014 and 2013, respectively, Medicaid $400 and $500 for 2014 and 2013, respectively), is included in other revenue in the accompanying consolidated statements of operations Income from Medicare incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government

13. Commitments and Contingencies

Litigation

Various investigations, lawsuits and claims arising out of the normal course of operations are pending or on appeal against the Hospital While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities which may arise from such actions would not materially affect the consolidated financial position or results of operations of the Hospital

14. Concentration of Credit Risk

The Hospital is located in Stamford, Connecticut The Hospital grants credit without collateral to its patients, many of whom are local residents and are insured under third-party payor agreements The proportion of net patient accounts receivable from various third-party payors and patients was as follows for the years ended September 30, 2014 and 2013

	2014	2013
Managed care organizations	**39%**	28%
Medicare	**17**	16
Medicaid	**7**	7
All other insurers	**28**	19
Self-pay patients	**9**	30
	100%	100%

(In Thousands)

14. Concentration of Credit Risk (continued)

At September 30, 2014, all of the cash and cash equivalents of the Hospital were held in custodial accounts at three financial institutions Management believes that credit risk related to these deposits is minimal

15. Functional Expenses

The Hospital provides general health care services to residents within its geographic area Expenses related to provision of these services for the years ended September 30, 2014 and 2013 are as follows

	2014	2013
Health care	**$ 438,853**	$ 431,897
General and administrative	**71,702**	74,364
	$ 510,555	$ 506,261

16. Fair Value of Financial Instruments

For assets and liabilities required to be measured at fair value, the Hospital measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements are applied based on the unit of account from the Hospital's perspective The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements

16. Fair Value of Financial Instruments (continued)

The Hospital follows a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities The fair value hierarchy gives the highest priority to Level 1 inputs

Level 2: Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability

Level 3: Unobservable inputs for the asset or liability (i e , supported by little or no market activity) Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk) The fair value hierarchy gives the lowest priority to Level 3 inputs

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible, as well as considers nonperformance risk in its assessment of fair value

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

(In Thousands)

16. Fair Value of Financial Instruments (continued)

Financial assets, including the defined benefit plan assets, carried at fair value as of September 30, 2014 and 2013 are classified in the tables below in one of the three categories described previously

	2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 203,611**	**$ –**	**$ –**	**$ 203,611**
Government securities	**–**	**7,974**	**–**	**7,974**
Mutual funds – fixed income	**51,587**	**–**	**–**	**51,587**
Mutual funds – multi industry	**17,985**	**–**	**–**	**17,985**
Private mutual funds[(a)]	**–**	**1,617**	**–**	**1,617**
Defined benefit plan assets				
Cash and cash equivalents	**11,460**	**–**	**–**	**11,460**
Mutual funds – fixed income	**43,692**	**–**	**–**	**43,692**
Mutual funds – multi industry	**42,818**	**–**	**–**	**42,818**
Private mutual funds[(a)]	**–**	**6,376**	**–**	**6,376**
Partnerships[(b)]	**–**	**18,976**	**10,734**	**29,710**
Hedge funds[(c)]	**–**	**59,325**	**–**	**59,325**
	$ 371,153	**$ 94,268**	**$ 10,734**	**$ 476,155**

(In Thousands)

16. Fair Value of Financial Instruments (continued)

	2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 282,777	$ –	$ –	$ 282,777
Corporate bonds	–	2,043	–	2,043
Government securities	–	8,527	–	8,527
Mutual funds – fixed income	51,904	–	–	51,904
Mutual funds – multi industry	15,329	–	–	15,329
Private mutual funds[(a)]	–	1,479	–	1,479
Defined benefit plan assets				
Cash and cash equivalents	5,279	–	–	5,279
Mutual funds – fixed income	52,510	–	–	52,510
Mutual funds – multi industry	37,568	–	–	37,568
Private mutual funds[(a)]	–	6,143	–	6,143
Partnerships[(b)]	–	15,488	9,115	24,603
Hedge funds[(c)]	–	49,275	–	49,275
	$ 445,367	$ 82,955	$ 9,115	$ 537,437

[(a)] Private mutual funds pursue exposure to investment securities and provide the benefit of a diversified and active investment management strategy The holdings can include domestic and international equity securities, fixed income securities, convertible debt, and distressed debt The Hospital can normally redeem these investments on a monthly basis

[(b)] Partnerships are private equity investments that seek to generate acceptable returns in private companies over a given investment period At September 30, 2014 and 2013, $18,976 and $15,488, respectively, of this investment has been classified in Level 2 of the fair value hierarchy as TSH determined this amount is redeemable in the near-term given its ability to redeem the investment monthly or quarterly The Hospital considers redemptions that could occur within 120 days of its measurement date to be near-term At September 30, 2014 and 2013, $10,734 and $9,115, respectively, of the investment is classified in Level 3 of the fair value hierarchy due to redemption restrictions in place given the future funding commitments of $1,606 and $4,308 at September 30, 2014 and 2013, respectively

(In Thousands)

16. Fair Value of Financial Instruments (continued)

(c) Hedge funds and funds of hedge funds pursue a variety of investment strategies The Hospital holds multiple hedge funds and funds of hedge funds in an attempt to diversify exposures to multiple investment strategies and their respective risks, while attempting to reduce volatility The underlying investments can include domestic and international equity securities, fixed income securities, convertible debt, distressed debt, merger arbitrage, real estate, private investments, and hedge funds (in the case of funds of hedge funds) The redemption terms vary among funds but, in most cases, the Hospital can normally redeem monthly or quarterly with 30 to 120 days' notice

At September 30, 2014, the Hospital expects to be able to redeem defined benefit pension plan investments in hedge funds in the near-term

The Hospital's investments in alternative investments, excluding those within the defined benefit pension plan, are recorded using the equity method of accounting and are not subject to the fair value hierarchy described previously

The following table sets forth a summary of changes in the fair value of the Hospital's Level 3 assets for the years ended September 30, 2014 and 2013

	2014	2013
Fair value at September 30, 2013	**$ 9,115**	$ 8,362
Investment income, net of fees	**(106)**	(36)
Net realized losses	**(1,490)**	(1,237)
Unrealized gains relating to instruments held at reporting date	**1,461**	1,529
Purchases	**–**	833
Contributions	**3,194**	1,178
Return of capital	**(1,440)**	(1,514)
Fair value at September 30, 2014	**$ 10,734**	$ 9,115

(In Thousands)

16. Fair Value of Financial Instruments (continued)

The carrying values and fair values of the Hospital's financial instruments that are not required to be carried at fair value at September 30, 2014 and 2013 are as follows

	2014		2013	
	Fair Value	**Carrying Value**	**Fair Value**	**Carrying Value**
Long-term debt	**$ 395,401**	**$ 373,535**	$ 372,210	$ 379,182

The fair value of long-term debt was estimated primarily based on quoted market prices for related CHEFA bonds, other valuation considerations and estimations such as discounted cash flows and are classified by the Hospital in Level 2 of the valuation hierarchy above

17. Operating Lease Obligations

The Hospital has entered into various agreements under noncancelable operating leases Future minimum payments under noncancelable operating leases with initial or recurring terms of one year or more are as follows

2015	$ 7,028
2016	7,287
2017	6,729
2018	6,536
2019	4,808
Thereafter	14,275
Total minimum operating lease payments	$ 46,663

Total nonaffiliate rental expense charged to operations for the years ended September 30, 2014 and 2013 aggregated $6,141 and $5,706, respectively

Certain of the leases contain escalation clauses and free rental periods which are recorded as deferred rent within accounts payable in the consolidated balance sheets and amortized in rental expense over the life of the lease

(In Thousands)

17. Operating Lease Obligations (continued)

The Hospital additionally entered into various agreements under noncancelable operating leases with various tenants Future minimum receipts under noncancelable leases with initial or recurring terms of one year or more are as follows

2015	$ 1,758
2016	1,652
2017	1,652
2018	1,641
2019	1,648
Thereafter	2,980
Total minimum operating lease income	$ 11,331

Total nonaffiliate rental income recorded in operations for the years ended September 30, 2014 and 2013 aggregated $2,615 and $2,606, respectively

In June 2014, the Hospital entered into a lease termination agreement with the landlord for a leased building in Norwalk, Connecticut The Hospital had previously recorded losses on the lease obligation of $14,525, $1,800 of which was recorded in March 2013 The settlement resulted in a net gain of $75

In July 2014, SHIP recorded a loss on lease obligation of $301 for a leased facility located in Norwalk, Connecticut

As of September 30, 2014 and 2013, the related liability is $279 and $12,641, respectively, $129 and $9,826, respectively, is recorded as other long-term liabilities in the accompanying consolidated balance sheets and $150 and $2,815, respectively, is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets

18. Subsequent Events

The Hospital evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the consolidated financial statements are issued, for potential recognition or disclosure in the consolidated financial statements as of the balance sheet date

For the year ended September 30, 2014, the Hospital evaluated subsequent events through January 23, 2015, which is the date the consolidated financial statements were available to be issued

Supplementary Information

The Stamford Hospital

Consolidating Balance Sheet
(In Thousands)

September 30, 2014

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ 101,451	$ –	$ 2,575	$ –	$ 104,026
Assets limited as to use	113	–	–	–	113
Short-term investments	58	–	–	–	58
Patient accounts receivable, net	68,967	–	4,865	–	73,832
Other receivables	2,322	40	28	–	2,390
Pledges receivable	4,476	–	–	–	4,476
Estimated third-party payor settlements, current	2,838	–	–	–	2,838
Other current assets	12,432	2	334	–	12,768
Total current assets	192,657	42	7,802	–	200,501
Assets limited as to use					
Held by captive insurance company	–	41,617	–	–	41,617
Long-term investments – endowments	8,361	–	–	–	8,361
Due from Parent – donor-restricted	17,892	–	–	–	17,892
Held by trustee – construction and debt service funds	77,128	–	–	–	77,128
	103,381	41,617	–	–	144,998
Long-term investments	66,272	30,671	–	(11,908)	85,035
Property, plant, and equipment, net	415,159	–	6,301	–	421,460
Pledges receivable, net	21,200	–	–	–	21,200
Due from Parent and affiliates	6,962	–	644	(163)	7,443
Other assets	5,564	3,377	106	–	9,047
Total assets	$ 811,195	$ 75,707	$ 14,853	$ (12,071)	$ 889,684

The Stamford Hospital

Consolidating Balance Sheet (continued)

(In Thousands)

September 30, 2014

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Liabilities and net assets					
Current liabilities					
Current portion of long-term debt	$ 5,562	$ –	$ –	$ –	$ 5,562
Accounts payable and accrued expenses	74,743	49	3,373	–	78,165
Salaries, wages and fees payable	10,571	–	4,060	–	14,631
Accrued vacation liability	19,240	–	1,409	–	20,649
Estimated third-party payor settlements, current	6,542	–	–	–	6,542
Estimated professional liabilities, current	–	11,017	–	–	11,017
Total current liabilities	116,658	11,066	8,842	–	136,566
Pension liabilities	73,008	–	–	–	73,008
Estimated third-party payor settlements, net of current portion	656	–	–	–	656
Long-term debt, net of current portion	367,973	–	–	–	367,973
Due to Parent – board designated	20,014	–	–	–	20,014
Due to Parent and affiliates	2,779	163	4,662	(163)	7,441
Estimated professional liabilities, net of current portion	11,301	22,658	–	–	33,959
Other long-term liabilities	–	–	129	–	129
Total liabilities	592,389	33,887	13,633	(163)	639,746
Net assets					
Unrestricted	151,392	41,820	1,220	(11,908)	182,524
Temporarily restricted	59,053	–	–	–	59,053
Permanently restricted	8,361	–	–	–	8,361
Total net assets	218,806	41,820	1,220	(11,908)	249,938
Total liabilities and net assets	$ 811,195	$ 75,707	$ 14,853	$ (12,071)	$ 889,684

The Stamford Hospital

Consolidating Balance Sheet

(In Thousands)

September 30, 2013

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ 105,744	$ –	$ 2,052	$ –	$ 107,796
Assets limited as to use	159	–	4	–	163
Short-term investments	44	–	–	–	44
Patient accounts receivable, net	68,026	–	4,329	–	72,355
Other receivables	4,687	210	45	–	4,942
Pledges receivable	2,635	–	–	–	2,635
Estimated third-party payor settlements, current	3,366	–	–	–	3,366
Other current assets	11,639	3	217	–	11,859
Total current assets	196,300	213	6,647	–	203,160
Assets limited as to use					
Held by captive insurance company	–	34,737	–	–	34,737
Long-term investments – endowments	8,033	–	–	–	8,033
Due from Parent – donor-restricted	18,042	–	–	–	18,042
Held by trustee – construction and debt service funds	167,015	–	–	–	167,015
	193,090	34,737	–	–	227,827
Long-term investments	54,217	29,523	–	(11,908)	71,832
Property, plant, and equipment, net	329,579	–	4,574	–	334,153
Pledges receivable, net	14,069	–	–	–	14,069
Due from Parent and affiliates	4,672	–	888	(43)	5,517
Other assets	5,863	3,988	105	–	9,956
Total assets	$ 797,790	$ 68,461	$ 12,214	$ (11,951)	$ 866,514

The Stamford Hospital

Consolidating Balance Sheet (continued)

(In Thousands)

September 30, 2013

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Liabilities and net assets					
Current liabilities					
Current portion of long-term debt	$ 5,664	$ –	$ –	$ –	$ 5,664
Accounts payable and accrued expenses	67,704	112	2,431	–	70,247
Salaries, wages and fees payable	11,945	–	3,863	–	15,808
Accrued vacation liability	18,956	–	980	–	19,936
Estimated third-party payor settlements, current	6,229	–	–	–	6,229
Estimated professional liabilities, current	–	8,086	–	–	8,086
Total current liabilities	110,498	8,198	7,274	–	125,970
Pension liabilities	59,907	–	–	–	59,907
Estimated third-party payor settlements, net of current portion	1,164	–	–	–	1,164
Long-term debt, net of current portion	373,518	–	–	–	373,518
Due to Parent – board designated	20,014	–	–	–	20,014
Due to Parent and affiliates	3,646	43	4,662	(43)	8,308
Estimated professional liabilities, net of current portion	10,841	21,951	–	–	32,792
Other long-term liabilities	9,826	–	–	–	9,826
Total liabilities	589,414	30,192	11,936	(43)	631,499
Net assets					
Unrestricted	160,467	38,269	278	(11,908)	187,106
Temporarily restricted	39,876	–	–	–	39,876
Permanently restricted	8,033	–	–	–	8,033
Total net assets	208,376	38,269	278	(11,908)	235,015
Total liabilities and net assets	$ 797,790	$ 68,461	$ 12,214	$ (11,951)	$ 866,514

The Stamford Hospital

Consolidating Statement of Operations
(In Thousands)

Year Ended September 30, 2014

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Unrestricted revenue, gains, and other support					
Net patient service revenue	$ 498,456	$ –	$ 39,218	$ –	$ 537,674
Provision for bad debts	(40,649)	–	(1,119)	–	(41,768)
Net patient service revenue, less provision for bad debts	457,807	–	38,099	–	495,906
Other revenue	21,118	8,820	5,684	(12,343)	23,279
Net assets released from restrictions for operations	1,495	–	–	–	1,495
Total unrestricted revenue, gains, and other support	480,420	8,820	43,783	(12,343)	520,680
Expenses					
Salaries	183,394	–	46,378	400	230,172
Employee benefits	46,314	–	6,126	–	52,440
Supplies and other expenses	183,690	6,227	19,758	(12,743)	196,932
Depreciation and amortization	24,086	–	918	–	25,004
Interest expense	6,007	–	–	–	6,007
Total expenses	443,491	6,227	73,180	(12,343)	510,555
Income (loss) from operations	36,929	2,593	(29,397)	–	10,125
Nonoperating gains and losses					
Gain (loss) on lease obligations	75	–	(301)	–	(226)
Investment returns	2,280	958	–	–	3,238
Change in net unrealized gains and losses	363	–	–	–	363
Total nonoperating gains and losses	2,718	958	(301)	–	3,375
Excess (deficiency) of revenue over expenses	39,647	3,551	(29,698)	–	13,500
Net assets released from restrictions used for purchases of property and equipment	491	–	–	–	491
Pension-related changes other than net periodic pension cost	(18,573)	–	–	–	(18,573)
Equity transfer	(30,640)	–	30,640	–	–
(Decrease) increase in unrestricted net assets	$ (9,075)	$ 3,551	$ 942	$ –	$ (4,582)

The Stamford Hospital

Consolidating Statement of Operations
(In Thousands)

Year Ended September 30, 2013

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Unrestricted revenue, gains, and other support					
Net patient service revenue	$ 514,701	$ –	$ 27,162	$ –	$ 541,863
Provision for bad debts	(48,817)	–	(1,239)	–	(50,056)
Net patient service revenue, less provision for bad debts	465,884	–	25,923	–	491,807
Other revenue	17,738	8,819	4,062	(11,600)	19,019
Net assets released from restrictions for operations	1,454	–	–	–	1,454
Total unrestricted revenue, gains, and other support	485,076	8,819	29,985	(11,600)	512,280
Expenses					
Salaries	184,582	–	35,774	255	220,611
Employee benefits	47,864	–	4,121	–	51,985
Pension settlement charge	11,856	–	–	–	11,856
Supplies and other expenses	178,251	6,442	17,258	(11,855)	190,096
Depreciation and amortization	24,839	–	600	–	25,439
Interest expense	6,274	–	–	–	6,274
Total expenses	453,666	6,442	57,753	(11,600)	506,261
Income (loss) from operations	31,410	2,377	(27,768)	–	6,019
Nonoperating gains and losses					
Loss on lease obligation	(1,784)	–	–	–	(1,784)
Investment returns	2,671	61	–	–	2,732
Change in net unrealized gains and losses	202	–	–	–	202
Total nonoperating gains and losses	1,089	61	–	–	1,150
Excess (deficiency) of revenue over expenses	32,499	2,438	(27,768)	–	7,169
Net assets released from restrictions used for purchases of property and equipment	913	–	–	–	913
Pension-related changes other than net periodic pension cost	60,088	–	–	–	60,088
Equity transfer	(53,928)	–	53,928	–	–
Increase in unrestricted net assets	$ 39,572	$ 2,438	$ 26,160	$ –	$ 68,170

The Stamford Hospital

Consolidating Statement of Changes in Net Assets
(In Thousands)

Year Ended September 30, 2014

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Excess (deficiency) of revenue over expenses	$ 39,647	$ 3,551	$ (29,698)	$ –	$ 13,500
Pension-related changes other than net periodic pension cost	(18,573)	–	–	–	(18,573)
Equity transfer	(30,640)	–	30,640	–	–
Net assets released from restrictions used for purchases of property and equipment	491	–	–	–	491
(Decrease) increase in unrestricted net assets	(9,075)	3,551	942	–	(4,582)
Temporarily restricted net assets					
Contributions	20,012	–	–	–	20,012
Change in net unrealized gains and losses	214	–	–	–	214
Investment returns	937	–	–	–	937
Net assets released from restrictions for operations	(1,495)	–	–	–	(1,495)
Net assets released from restrictions used for purchases of property and equipment	(491)	–	–	–	(491)
Increase in temporarily restricted net assets	19,177	–	–	–	19,177
Permanently restricted net assets					
Contributions	328	–	–	–	328
Increase in permanently restricted net assets	328	–	–	–	328
Increase in net assets	10,430	3,551	942	–	14,923
Net assets, beginning of year	208,376	38,269	278	(11,908)	235,015
Net assets, end of year	$ 218,806	$ 41,820	$ 1,220	$ (11,908)	$ 249,938

The Stamford Hospital

Consolidating Statement of Changes in Net Assets
(In Thousands)

Year Ended September 30, 2013

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Excess (deficiency) of revenue over expenses	$ 32,499	$ 2,438	$ (27,768)	$ –	$ 7,169
Pension-related changes other than net periodic pension cost	60,088	–	–	–	60,088
Equity transfer	(53,928)	–	53,928	–	–
Net assets released from restrictions used for purchases of property and equipment	913	–	–	–	913
Increase in unrestricted net assets	39,572	2,438	26,160	–	68,170
Temporarily restricted net assets					
Contributions	8,873	–	–	–	8,873
Change in net unrealized gains and losses	104	–	–	–	104
Investment returns	1,180	–	–	–	1,180
Net assets released from restrictions for operations	(1,454)	–	–	–	(1,454)
Net assets released from restrictions used for purchases of property and equipment	(913)	–	–	–	(913)
Increase in temporarily restricted net assets	7,790	–	–	–	7,790
Increase in net assets	47,362	2,438	26,160	–	75,960
Net assets, beginning of year	161,014	35,831	(25,882)	(11,908)	159,055
Net assets, end of year	$ 208,376	$ 38,269	$ 278	$ (11,908)	$ 235,015

The Stamford Hospital

Schedule of Net Patient Service Revenue
(In Thousands)

Year Ended September 30, 2014

	TSH	Healthstar	SHIP	Eliminations Debit	Eliminations Credit	TSH Consolidated
Gross revenue from patients	**$ 1,779,033**	**$ –**	**$ 91,711**	**$ –**	**$ –**	**$ 1,870,744**
Deductions						
Contractual allowances	**1,250,284**	**–**	**52,493**	**–**	**–**	**1,302,777**
Charity care	**30,293**	**–**	**–**	**–**	**–**	**30,293**
Total deductions	**1,280,577**	**–**	**52,493**	**–**	**–**	**1,333,070**
Net patient service revenue	**498,456**	**–**	**39,218**	**–**	**–**	**537,674**
Provision for bad debts	**(40,649)**	**–**	**(1,119)**	**–**	**–**	**(41,768)**
Net patient service revenue, less provision for bad debts	**$ 457,807**	**$ –**	**$ 38,099**	**$ –**	**$ –**	**$ 495,906**

The Stamford Hospital

Schedule of Net Patient Service Revenue
(In Thousands)

Year Ended September 30, 2013

	TSH	Healthstar	SHIP	Eliminations Debit	Eliminations Credit	TSH Consolidated
Gross revenue from patients	$ 1,718,106	$ –	$ 63,215	$ –	$ –	$ 1,781,321
Deductions						
Contractual allowances	1,174,549	–	36,053	–	–	1,210,602
Charity care	28,856	–	–	–	–	28,856
Total deductions	1,203,405	–	36,053	–	–	1,239,458
Net patient service revenue	514,701	–	27,162	–	–	541,863
Provision for bad debts	(48,817)	–	(1,239)	–	–	(50,056)
Net patient service revenue, less provision for bad debts	$ 465,884	$ –	$ 25,923	$ –	$ –	$ 491,807

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