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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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

C Name of organization
THE STAMFORD HOSPITAL
% KATHLEEN SILARD PRES/CEO
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
One Hospital Plaza PO BOX 9317

City or town, state or province, country, and ZIP or foreign postal code
Stamford, CT 06904

D Employer identification number
06-0646917

E Telephone number
(203) 276-1000

G Gross receipts $ 588,051,964

F Name and address of principal officer
KATHLEEN SILARD
ONE HOSPITAL PLAZA PO BOX 9317
STAMFORD, CT 06604

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: ▶ WWW STAMFORDHEALTH 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
TOGETHER WITH OUR PHYSICIANS WE PROVIDE A BROAD RANGE OF HIGH-QUALITY BROAD RANGE OF HIGH QUALITY HEALTH AND WELNESS SERVICES FOCUSED ON THE NEEDS OF OUR COMMUNITIES

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	3,033
6	Total number of volunteers (estimate if necessary)	**6**	671
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,187,732
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,989,507

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,218,960	6,454,298
9	Program service revenue (Part VIII, line 2g)	514,127,768	559,059,127
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,998,720	1,800,900
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,945,831	5,928,692
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	532,291,279	573,243,017
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	999,996
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)	243,950,897	267,070,214
16a	Professional fundraising fees (Part IX, column (A), line 11e)	19,757	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,670,711		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	245,744,344	275,433,591
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	489,714,998	543,503,801
19	Revenue less expenses Subtract line 18 from line 12	42,576,281	29,739,216

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,031,321,210	1,004,289,000
21	Total liabilities (Part X, line 26)	630,630,797	597,802,000
22	Net assets or fund balances Subtract line 21 from line 20	400,690,413	406,487,000

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2019-08-12

▶ KATHLEEN SILARD PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NICOLE M SOKOLOWSKI	NICOLE M SOKOLOWSKI			P01683199

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 5 TIMES SQUARE
NEW YORK, NY 10036

Phone no (212) 773-3000

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

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 $ 469,701,808 including grants of $ 999,996) (Revenue $ 562,027,919)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 469,701,808

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		No
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	Yes	
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		No
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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 "Yes," 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**	Yes	
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**	464		
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**	3,033		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			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**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **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	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		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	Yes	
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	Yes	

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶KATHLEEN SILARD PRESCEO ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 (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) Terrance P Berland Director	2 0 2 0	X						0	0	0
(2) Andrew M Merrill Chairman	2 0 2 0	X		X				0	0	0
(3) Brian Grissler President & CEO	38 0 2 0	X		X				1,907,492	0	41,499
(4) Mark DeWaele DMD VICE CHAIRMAN	2 0 2 0	X		X				0	0	0
(5) Patrick Hackett DIRECTOR	2 0 2 0	X						0	0	0
(6) Helen Jaffe DIRECTOR	2 0 2 0	X						0	0	0
(7) Charles Littlejohn MD PHYSICIAN AND DIRECTOR	2 0 38 0	X						0	325,727	28,033
(8) Adolf DiBiasio DIRECTOR	2 0 2 0	X						0	0	0
(9) David Jahns DIRECTOR	2 0 2 0	X						0	0	0
(10) Rudolph Taddonio MD physician and director	2 0 2 0	X						0	0	0
(11) Maryann Keller-Chai DIRECTOR	2 0 2 0	X						0	0	0
(12) Gerald B Rakos MD Physician and Director	38 0 2 0	X						492,391	0	39,385
(13) Suzanne Beitel Director	2 0 2 0	X						0	0	0
(14) James Thomas Director	2 0 2 0	X						0	0	0
(15) Kevin Gage TREASURER/CFO - THRU 08/2018	38 0 2 0			X				784,952	0	49,700
(16) Darryl McCormick Assistant Secretary	38 0 2 0			X				596,115	0	23,624
(17) Kathleen A Silard Assistant Secretary/COO	38 0 2 0			X				689,356	0	50,699

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) Michael Coady MD	38 0					X		885,748	0	26,752
Chief of Cardiac Surgery	2 0									
(19) David Yuh MD	38 0					X		1,098,977	0	48,247
PHYSICIAN	2 0									
(20) Brian Stainken MD	38 0					X		706,230	0	34,878
Dept Chair	2 0									
(21) Sean Dowling MD	38 0					X		603,085	0	36,720
Physician	2 0									
(22) Maher Madhoun MD	38 0					X		645,385	0	45,256
Physician	2 0									
(23) DAVID SMITH	2 0						X	429,118	0	840
ASST SECRETARY	38 0									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,838,849	325,727	425,633

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 ▶ 670

			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**	Yes	
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 ASSOC PC, PO BOX 9317 STAMFORD, CT 06904	PHYSICIAN FEES/ONCOL	4,872,203
SUNRISE MEDICAL LABORATORIES, 250 MILLER PLACE HICKSVILLE, NY 11801	LAB SERVICES	1,675,810
YALE UNIVERSITY SCHOOL OF MEDICINE, PO BOX 208087 NEW HAVEN, CT 065208087	PHYSICIAN FEES/LAB	991,617
MASS PARK INC, 185 SPRING ST SPRINGFIELD, MA 01105	PARKING MANAGEMENT	1,039,080
NTHRIVE, PO BOX 733492 DALLAS, TX 753733492	REVENUE CYCLE SVCS	954,857

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 ▶ 80

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** 728,608			
	d Related organizations	**1d**			
	e Government grants (contributions)	**1e** 534,212			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f** 5,191,478			
	g Noncash contributions included in lines 1a-1f $ 242,247				
	h Total. Add lines 1a-1f . . . . . ▶	6,454,298			
Program Service Revenue		Business Code			
	2a PATIENT REVENUE	621300	337,513,873	337,513,873	0	0
	b PHYSICIAN BILLING	621110	13,814,096	13,814,096	0	0
	c WELLNESS AND TRAINING	621400	3,719,788	3,719,788	0	0
	d MEDICARE/MEDICAID PAYMENT	621400	198,846,851	198,846,851	0	0
	e REFERENCE LAB INCOME	621500	5,164,519	0	5,164,519	0
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶	559,059,127				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	923,937		-56,642	980,579
	4 Income from investment of tax-exempt bond proceeds ▶	0			0
	5 Royalties . . . . . ▶	0			0
		(i) Real	(ii) Personal		
	6a Gross rents	3,305,903			
	b Less rental expenses	5,626,216			
	c Rental income or (loss)	-2,320,313	0		
	d Net rental income or (loss) . . . . . ▶	-2,320,313		-21,798	-2,298,515
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	9,827,510			
	b Less cost or other basis and sales expenses	8,950,547			
	c Gain or (loss)	876,963			
	d Net gain or (loss) . . . . . ▶	876,963			876,963
	8a Gross income from fundraising events (not including $ 728,608 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 246,225				
	b Less direct expenses . . . **b** 232,184				
	c Net income or (loss) from fundraising events . . ▶	14,041			14,041
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a** 0				
	b Less cost of goods sold . . **b** 0				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA, COFFEE SHOP	722210	2,235,429	2,235,429	0	0
	b INTERCOMPANY STAFF REIMB	900099	1,150,717	1,150,717	0	0
	c PARKING	532000	1,225,734	1,225,734	0	0
	d All other revenue		3,623,084	3,521,431	101,653	0
	e Total. Add lines 11a–11d . . . . . ▶		8,234,964			
	12 Total revenue. See Instructions . . . . . ▶		573,243,017	562,027,919	5,187,732	-426,932

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	999,996	999,996		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	5,410,536	0	5,410,536	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
7 Other salaries and wages	216,138,224	191,840,215	23,528,529	769,480
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,413,752	7,490,987	893,542	29,223
9 Other employee benefits	22,496,459	20,029,196	2,389,129	78,134
10 Payroll taxes	14,611,243	13,008,778	1,551,717	50,748
11 Fees for services (non-employees)				
a Management	940,616	932,806		7,810
b Legal	1,801,714	27,909	1,761,415	12,390
c Accounting	453,551	6,300	447,251	0
d Lobbying	126,234		126,234	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	135,016	0	135,016	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,198,235	49,372,285	13,634,749	191,201
12 Advertising and promotion	2,182,467	465,684	699,217	1,017,566
13 Office expenses	15,336,259	10,651,704	4,613,620	70,935
14 Information technology	8,967,514	965,202	8,001,192	1,120
15 Royalties . .	0			
16 Occupancy	35,885,287	34,159,421	1,604,132	121,734
17 Travel	389,680	206,655	147,885	35,140
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	310,657	185,325	90,192	35,140
20 Interest	38,021	38,021	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization . .	39,587,681	39,015,390	572,291	0
23 Insurance . . .	7,278,517	7,278,517	0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL EXPENSES	80,963,778	80,963,778	0	0
b SERVICE CONTRACTS	10,042,232	9,987,397	2,760	52,075
c SUBSCRIPTION DUES MBRSHP	3,391,930	1,013,752	2,345,488	32,690
d STATE - FED INCOME TAXES	646,622	639,230	7,392	0
e All other expenses	3,757,580	423,260	3,168,995	165,325
25 **Total functional expenses.** Add lines 1 through 24e	543,503,801	469,701,808	71,131,282	2,670,711
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	50,000	1	50,000
	2	Savings and temporary cash investments	94,959,463	2	71,053,294
	3	Pledges and grants receivable, net	21,575,487	3	16,643,567
	4	Accounts receivable, net	75,415,396	4	83,749,287
	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	7,609,278	8	8,300,960
	9	Prepaid expenses and deferred charges	5,350,366	9	5,983,003
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,113,852,504			
	b	Less accumulated depreciation — 10b: 455,719,761	675,758,215	10c	658,132,743
	11	Investments—publicly traded securities	91,524,723	11	95,204,426
	12	Investments—other securities See Part IV, line 11	14,992,436	12	16,094,588
	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	44,085,846	15	49,077,132
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,031,321,210	16	1,004,289,000
Liabilities	17	Accounts payable and accrued expenses	96,193,421	17	97,614,010
	18	Grants payable	0	18	0
	19	Deferred revenue	2,318,148	19	2,078,185
	20	Tax-exempt bond liabilities	397,809,019	20	390,276,016
	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	3,357,041	24	3,187,926
	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	130,953,168	25	104,645,863
	26	**Total liabilities.** Add lines 17 through 25	630,630,797	26	597,802,000
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	319,395,523	27	323,316,971
	28	Temporarily restricted net assets	18,842,391	28	18,499,300
	29	Permanently restricted net assets	62,452,499	29	64,670,729
		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	400,690,413	33	406,487,000
	34	Total liabilities and net assets/fund balances	1,031,321,210	34	1,004,289,000

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	573,243,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	543,503,801
3	Revenue less expenses Subtract line 2 from line 1	3	29,739,216
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	400,690,413
5	Net unrealized gains (losses) on investments	5	3,164,573
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,107,202
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	406,487,000

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	

Additional Data

Software ID:

Software Version:

EIN: 06-0646917

Name: THE STAMFORD HOSPITAL

Form 990 (2017)

Form 990, Part III, Line 4a:

KEY OPERATING STATISTICS FOR THE YEAR ENDED 9/30/2018 INCLUDE ADULT AND PEDIATRIC INPATIENTS CARED FOR AND DISCHARGD 15,764, BABIES BORN 2,178, TOTAL INPATIENT DAYS OF CARE PROVIDED 73,448, PATIENTS SEEKING CARE IN THE STAMFORD HOSPITAL EMERGENCY ROOM ADMITTED FOR INPATIENT TREATMENT 8,422, TREATED AND RELAESED 46,715, TREATED AT TULLY IMMEDIATE CARE CENTER 22,514, SURGERIES PERFORMED AT THE HOSPITAL AND TULLY CENTER 11,923, RADIATION THERAPY PROCDURES PERFORMED 207,378

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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.**

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

OMB No 1545-0047

2017

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 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

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

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

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 06-0646917

Name: THE STAMFORD HOSPITAL

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

Facts And Circumstances Test

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) 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?		No	0
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?	Yes		126,234
j	Total Add lines 1c through 1i			126,234
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1i	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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	80,294,571	82,101,038	90,756,792	67,414,074	47,909,132
b Contributions	6,752,504	8,246,282	74,894,440	25,541,845	20,339,806
c Net investment earnings, gains, and losses	604,611	1,046,037	406,156	-104,189	1,151,928
d Grants or scholarships					
e Other expenditures for facilities and programs	5,481,975	11,098,786	83,956,350	2,094,938	1,986,792
f Administrative expenses					
g End of year balance	82,169,711	80,294,571	82,101,038	90,756,792	67,414,074

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 78 000 %
- c Temporarily restricted endowment ▶ 22 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,892,606		44,892,606
b Buildings		476,404,467	130,686,929	345,717,538
c Leasehold improvements		15,115,673	9,021,623	6,094,050
d Equipment		552,490,461	311,478,482	241,011,979
e Other		24,949,297	4,532,727	20,416,570
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				658,132,743

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
CHARITABLE GIFT ANNUITY PAYABLE	54,258
EST THIRD PART SETTLEMENTS	5,629,017
PENSION LIABILITY	69,374,108
DUE TO AFFILIATES	20,013,492
EST FOR PROFESSIONAL LIABILITY	9,574,988
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	104,645,863

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
intended use of endowment funds	The Endowment consists of Temporarily or Permanently Restricted contributions received wit h donor stipulations that limit the use of the donated assets Temporarily Restricted cont ributions are available for certain health care services as defined in the donor agreement s Permanently restricted net assets are restricted to investments to be held in perpetuit y, the income from which is expendable to support health services

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

OMB No 1545-0047

2017

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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		2			20,413,713
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		2			20,413,713

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 separately 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, do not file with Form 990)*	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

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).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 06-0646917

Name: THE STAMFORD HOSPITAL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
Central America and the Caribbean		1	Program services	Malpractice Insurance	8,505,650
Central America and the Caribbean		1	Investments, program-relate	N/A	11,908,063

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the 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**	**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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

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

Revenue / Direct Expenses		(a) Event #1 CORPORATE INVIT (event type)	(b) Event #2 WALK RUN RIDE (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	123,300	640,232	211,301	974,833
	2 Less Contributions	95,125	519,132	114,351	728,608
	3 Gross income (line 1 minus line 2)	28,175	121,100	96,950	246,225
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	800	2,329	2,700	5,829
	6 Rent/facility costs				
	7 Food and beverages	47,920		40,943	88,863
	8 Entertainment				
	9 Other direct expenses	83,015	52,735	1,742	137,492
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				232,184
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				14,041

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

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	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	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		No
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		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,188,380		9,188,380	1 690 %
b Medicaid (from Worksheet 3, column a)			146,196,270	87,937,991	58,258,279	10 720 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0		0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			155,384,650	87,937,991	67,446,659	12 410 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			599,125	0	599,125	0 110 %
f Health professions education (from Worksheet 5)			0	0	0	0 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,478,233		1,478,233	0 %
j **Total.** Other Benefits			2,077,358	0	2,077,358	0 110 %
k **Total.** Add lines 7d and 7j			157,462,008	87,937,991	69,524,017	12 520 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part 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		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 33,696,973		
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	103,667,573
6	Enter Medicare allowable costs of care relating to payments on line 5	6	140,243,285
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-36,575,712
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group THE STAMFORD HOSPITAL

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

THE STAMFORD HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

THE STAMFORD HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	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 Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

THE STAMFORD HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5	IN 2016 SH PARTNERED WITH DATAHAVEN, THE HOSPITALS IN FAIRFIELD COUNTY, AND THE FAIRFIELD COUNTY'S COMMUNITY FOUNDATION IN THE DEVELOPMENT OF A COUNTY-WIDE COMMUNITY WELLBEING INDEX, WHICH PROVIDES IMPORTANT DATA ON COMMUNITY ISSUES SUCH AS PUBLIC SAFETY, EDUCATION, HOUSING, TRANSPORTATION, EMPLOYMENT AND HEALTH, AND IT SERVES AS THE FIRST CHAPTER OF THE SH COMMUNITY HEALTH NEEDS ASSESSMENT THE BENEFITS OF COLLABORATION INCLUDE EFFICIENCY CONSISTENT DATA, AND COMPARABLE RESULTS AS IN 2016, STAMFORD HOSPITALS CHAPTER FOCUSES ON THE CITY OF STAMFORD AND THE TOWN OF DARIEN SH PROCESS AND METHODOLOGY FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES THE DATA HAVEN COMMUNITY WELLBEING INDEX, AND QUANTITATIVE DATA SOURCES AS THE CONNECTICUT HOSPITAL ASSOCIATIONS HOSPITAL ENCOUNTER DATA AND MORTALITY DATA FROM THE CT DEPARTMENT OF PUBLIC HEALTH QUALITATIVE DATA SOURCES INCLUDE IN-PERSON INTERVIEWS, FOCUS GROUPS AND ONLINE SURVEY Through the focus groups and interviews, the Hospital was able to gather feedback from many key organizations and individuals Below are a few of the organizations from which feedback was gathered in the form of either an interview or focus group - City of Stamford, Department of Health & Social Services - Darien Health Department - Stamford Emergency Medical Services - AmeriCares - Optimus Health Care - Darien Senior Center - Neighbors Link - Childcare Learning Centers Individuals with whom we spoke at all of the organizations listed above either have expertise in public health or represent a minority and/or underserved group in the community Please refer to CHNA Exhibit A for the complete list of organizations represented through interviews and Exhibit B for the complete list of organizations at which focus groups were hosted Through our online survey, we were able to gather input from a wider range of individuals representing many organizations based in Stamford or Darien Below is a sample list of the organizations and groups from which representatives provided feedback through our online survey - Stamford Health Commission - Stamford Chamber of Commerce - Person-to-Person - Darien Community YMCA - Shelter for the Homeless - Business Council of Fairfield County Please refer to Exhibit C for a list of organizations from which representatives provided feedback through our online survey It is important to note that not all respondents to the survey provided contact information and, therefore, are not included in Exhibit C For a brief description of some of the organizations from whom we gathered input, please refer to Exhibit D FORM 990, SCHEDULE H, PART V, SECTION C, LINE 7 https //www stamfordhealth org/app/files/public/2254/Community-Health-Asse ssment-Needs pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 8 In response to the Community Health Needs Assessment adopted September 30, 2016, Stamford Health developed an implementation strategy which was adopted at the January 25, 2017 Stamford Hospital Board of Directors meeting FORM 990, SCHEDULE H, PART V, SECTION C, LINE 10 https //www stamfordhealth org/app/files/public/2384/implementation-strate gy pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11 This report was reviewed and adopted by the Hospitals leadership team and Board of Directors on September 28, 2016 As a next step, Stamford Hospital identified a task force that was responsible for developing a community health improvement plan (CHIP) to address the 2016 health priorities The task force included representatives from our quality, nursing, case management, ambulatory, finance and service line teams Additionally, several physicians were asked to participate on the committee as well as leaders from the community As the task force built the CHIP, it considered the programs, organizations and facilities available in the community to help address the identified health priorities Exhibit G is a partial list of community organizations and resources that were consulted to address the issues The Hospital also considered the partnerships which were established or expanded in connection with the 2013 CHIP as set forth in Exhibit E For issues identified through the CHNA, but not addressed in the 2016 CHIP, Stamford Hospital will work with its partners to determine the most suitable resources available in the community to address those issues The final plan was submitted and made publicly available in February 2017 FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16A https //www stamfordhealth org/app/files/public/2218/fap_2016_policy_engli sh pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16B https //www stamfordhealth org/app/files/public/2217/fap_2016_application_ english pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16C https //www stamfordhealth org/app/files/public/2219/fap_2016_summary_engl ish pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 22D For an individual whose income is between 200% and 400% of the FPG, Stamford Hospital shall determine the level of discount for the service if the patients household gross yearly income meets or does not exceed four times the most recent FPG, according to Stamford Hospitals Financial Assistance calculation table The discount will be applied to the patients obligation, which, for uninsured patients, is the AGB based on the look-back method Or, for insured patients, the deductible, copayment or coinsurance obligation will be determined using the FPG for the patients gross household yearly income and the Stamford Hospital Financial Assistance calculation 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE COST-TO-CHARGE RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNT INCLUDED IN THE TABLE THE CALCULATION OF THIS RATIO WAS DERIVED FROM RATIO OF PATIENT CARE COST-TO-CHARGE PART III, LINE 2 THE COST OF BAD DEBT EXPENSE IS ESTIMATED BASED ON THE BAD DEBT PROVISION AT CHARGE, APPLIED TO THE RATIO OF TOTAL PATIENT CARE EXPENSES TO TOTAL CHARGES FOR ALL SERVICES RENDERED ANY PAYMENTS OR DISCOUNTS ARE EXCLUDED FROM BAD DEBT EXPENSE PART III, LINE 4 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, TSH 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), TSH 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 PART III, LINE 8A 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 PART III, LINE 8B MEDICARE COSTING METHODOLOGY THE COSTING METHODOLOGY USED FOLLOWS THE METHODOLOGY OF THE MEDICARE COST REPORT 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, Line 2	Needs Assessment The Stamford Hospital ("SH"Hospital") partners with a number of nonprofit health and social services organizations that seek to benefit the community and improve t he health and well-being of their clients In addition, together with our physicians, the hospital works closely with the Stamford Department of Health and Social Services ("Stamfo rd Health Dept ") to prevent and treat HIV, Stamford Cares, a program of Family Centers th at provides HIV medical case management, includes participation in community health fairs and educational outreach efforts, provides HIV updates for aids service providers in the c ommunity, performs client home visits, and conducts monthly HIV positive women's support g roup, ALSO DISSEMINATES HEALTH INFORMATION AND ADDRESSES PUBLIC HEALTH ISSUES THAT ARISE The Community Health Needs Assessment (CHNA) identified Access to Care, Mental Health & Su bstance Abuse and Chronic Disease Management and Lifestyle Behaviors as priority issues to address in the SH Community Health Improvement Plan (CHIP) SH, in partnership with its c ommunity partners, developed an improvement plan to address the health priorities identifi ed through the 2016 CHNA The CHIP task force works to combine its collective resources to bolster existing initiatives and to develop new programs The committee meets quarterly SH IS CURRENTLY CONDUCTING ITS 2019 CHNA SH partners with Optimus Health Centers, a feder ally qualified health care center, to create an integrated primary care delivery network f or the medically underserved communities in Stamford Discounted or free supplies, equipme nt and medications were provided to indigent patients (Est $43,000) in 2018 SH also prov ides an information and referral services to enhance access to care Community input and e ngagement to improve child health and prevent obesity is provided through a Stamford city- wide task force lead by SH This community-wide collaboration focuses on prevention, advoc acy and education is a city-wide collaboration that includes Stamford public schools, the Stamford Health Department, early childhood educators, after school programs and community centers, community pediatricians and family medicine practitioners SH's Kids'Fans (kids' fitness and nutrition services) program, promoting physical activity and health conscious nutrition, is a cornerstone of this childhood obesity initiative A major initiative of S H is the Vita Health & Wellness Initiative, which is focused on two census tracts (214 and 215) in Stamfords West Side The Vita Collaborative brings together the key service provi ders monthly to develop programs to improve the environment and health outcomes of this pr imarily low-income population The West Side Neighborhood Revitalization Zone (WSNRZ), see ks to improve the neighborhood at the hospitals southern border The West Side, a densely populated, low-income neighborhood has experienced a steady decline in home ownership and lack of investment for more than three decades Stamford Hospital and Charter Oak Communit ies (formerly Stamford Housing Authority), anchor institutions, work with residents, busin esses and the city of Stamford to spur economic improvement and capital investments, reduc e crime and improve pedestrian safety TO INCREASE AWARENESS OF THE IMPORTANCE OF MAMMOGRA M SCREENING FOR EARLY DETECTION OF BREAST CANCER, SH SPONSORS PAINT THE TOWN PINK, A COMMU NITY-WIDE BREAST CANCER EDUCATION CAMPAIGN PAINT THE TOWN PINK HOLDS A MONTH-LONG SERIES OF EVENTS IN OCTOBER OF EACH YEAR SH PARTNERS WITH A NUMBER OF NONPROFIT HEALTH AND SOCIA L SERVICE ORGANIZATIONS THAT SEEK TO BENEFFIT THE COMMUNITY AND IMPROVE THE HEALTH AND WEL L-BEING OF THEIR CLIENTS IN ADDITION, TOGETHER WITH OUR PHYSICIANS, THE HOSPITAL WORKS CL OSELY WITH THE STAMFORD DEPARTMENT OF HEALTH AND SOCIAL SERVICES TO DISSEMINATE HEALTH INF ORMATION AND ADDRESS PUBLIC HEALTH ISSUES THAT ARISE IN 2018, STAMFORD HEALTH PROVIDED IN -KIND SUPPORT TO SEVERAL MAJOR INITIATIVES ALL OF WHICH ARE SUPPORTED BY AND UNDER THE VIT A HEALTH & WELLNESS COLLABORATIVE AN INVEST HEALTH GRANT FOCUSED ON YOUTH DEVELOPMENT AND VIOLENCE PREVENTION INVEST HEALTH WAS LED BY THE MAYORS OFFICE AND YOUTH BUREAU, AND FUN DED BY THE ROBERT WOOD JOHNSON FOUNDATION IT RESULTED IN A DISTRICT-WIDE FOCUS ON ABSENTE EISM & SCHOOL ATTENDANCE FAIRGATE FARM (FF) ADDRESSED FOOD INSECURITY IN THE WEST SIDE NE IGHBORHOOD BY DONATING OVER 1,500 POUNDS OF ORGANIC PRODUCE TO LOCAL FOOD PANTRIES AND HUN GER RELIEF CHARITIES OVER 2,000 POUNDS OF LOCAL PRODUCE WAS SOLD AT REDUCED COST TO NEIGH BORHOOD RESIDENTS AT THE FAIRGATE FARM FARMERS MARKET OVER 5,000 POUNDS AND 150+ VARIETIE S OF ORGANIC FRUITS, VEGETABLES, HERBS AND FLOWERS WERE GROWN AT THIS VOLUNTEER POWERED CO MMUNITY FRM OVER 6,000 POUNDS OF WASTE WERE DIVERTED FROM LANDFILLS AND TURNED INTO FERTI LE SOIL THROUGH COMPOSTING INITITIVES SH ALSO PARTICIPATES AND CONTRIBUTES FUNDS TO THE S TAMFORD 'CRADLE TO CAREER, A COLLECTIVE-IMPACT PRO

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, Line 2	JECT SPONSORED BY THE UNITED WAY OF WESTERN CONNECTICUT, FOCUSED ON ADDRESSING THE ACHIEVE MENT GAP IN THE STAMFORD PUBLIC SCHOOLS (SPS) SH PROVIDES FINANCIAL AND INKIND SUPPORT, W ITH SH REPRESENTATIVES CHAIRING ITS COMMUNITY TASK FORCE, AND PARTICIPATES IN THE INFANT A ND EARLY CHILDHOOD EDUCATION COMMUNITY ACTION NETWORK SENOR LEADERSHIP PARTICIPATES ON TH E ADVISORY BOARD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, Line 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE STAMFORD HOSPITAL USES SEVERAL VENUES TO NOTIFY OUR PATIENTS OF THE AVAILABLE FINANCIAL OPTIONS 1) SIGNAGE IS 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 *THE FAP POLICIES ARE LOCATED ON OUR INTRANET PAGE AND INCLUDE THE PLAIN LANGUAGE SUMMARY ALONG WITH A FAP APPLICATION * 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 * SOCIAL SERVICES DEPARTMENT * CASE MANAGEMENT DEPARTMENT * PATIENT REGISTRATION HAS THREE FULL TIME BILINGUAL FINANCIAL COUNSELORS * PATIENT BUSINESS SERVICES HAS TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS * A TSH FINANCIAL COUNSELOR HOLDS 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 HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM (FAP) BY FINANCIAL ASSISTANCE COUNSELORS 5) NOTIFICATIONS PATIENTS RECEIVE APPROVAL OR DENIAL LETTERS AND, IF ELIGIBLE, FINANCIAL ASSISTANCE PROGRAM IDENTIFICATION CARDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, Line 4	COMMUNITY INFORMATION STAMFORD HEALTH 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'S STRATEGIC PLAN THE HOSPITAL'S COMBINED PSA AND SSA INCLUDE AN ESTIMATED 127,644 HOUSEHOLDS WITH A TOTAL POPULATION OF 376,161 RESIDENTS THE PSA INCLUDES THE COMMUNITIES OF STAMFORD, DARIEN, AND ROWAYTON, WITH AN ESTIMATED 55,775 HOUSEHOLDS AND A TOTAL POPULATION OF 152,587 STAMFORD COMPRISES AN ESTIMATED 47,675 HOUSEHOLDS WITH A TOTAL POPULATION OF 127,289 THE SSA INCLUDES THE COMMUNITIES OF GREENWICH, COS COB, RIVERSIDE, OLD GREENWICH, NEW CANAAN, NORWALK, WESTPORT, WESTON, AND WILTON, WITH AN ESTIMATED 79,969 HOUSEHOLDS AND A TOTAL POPULATION OF 223,574 FOR THE PSA, 25 2% OF THE POPULATION IS ESTIMATED TO BE 19 YEARS OF AGE OR LESS, 35 8% IS 20 - 44, 26 0% IS 45-64, AND 13 0% IS 65 YEARS OF AGE AND OLDER THE SSA HAS A SLIGHTLY OLDER AGE DISTRIBUTION WITH AN ESTIMATED 27 3% OF ITS POPULATION 19 YEARS OF AGE OR LESS, 27 5% IS 20-44, 30 3% IS 45-64, AND 14 9% 65 YEARS OF AGE AND OLDER REGARDING RACE/ETHNICITY, OF THE ESTIMATED POPULATION IN THE PSA, 56 2% OF RESIDENTS ARE WHITE, 23 8% ARE HISPANIC, 11 8% BLACK, 7 5% ASIAN, AND THE REMAINING PORTION OF THE POPULATION IS MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, OR OTHER STAMFORD IS ESTIMATED TO HAVE A MORE RACIALLY DIVERSE POPULATION THAN THE PSA AND SSA WITH THE BLACK POPULATION REPRESENTING 14 0%, HISPANIC POPULATION REPRESENTING 26 6% AND ASIAN POPULATION REPRESENTING 8 1% OF ITS TOTAL POPULATION FOR THE SSA, 70 1% OF THE TOTAL ESTIMATED POPULATION IS WHITE, 6 9% BLACK, 14 7% HISPANIC, 6 1% ASIAN, AND THE REMAINING PORTION OF THE POPULATION IS MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, OR OTHER ALTHOUGH IN THE PSA AN ESTIMATED 22 5% 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 17 8% OF TOTAL HOUSEHOLDS WITH HOUSEHOLD INCOMES EXCEEDING $200,000, AND 20 8% WITH HOUSEHOLD INCOMES LESS THAN $35,000, 30 0% WITH LESS THAN $45,000 IN THE SSA, AN ESTIMATED 30 8% OF THE TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING $200,000, WHILE AN ESTIMATED 16 1% HAVE HOUSEHOLD INCOMES LESS THAN $35,000 AND 20 9% LESS THAN $45,000 THE ESTIMATED PAYOR MIX, BASED ON HOSPITAL UTILIZATION, OF THE PSA IS PREDOMINANTLY COMMERCIAL/PRIVATE INSURANCE (35 2%), FOLLOWED BY MEDICAID (29 2%), MEDICARE (26 8%), AND SELF-PAY/OTHER (8 8%) COMPARED TO THE PSA, STAMFORD HAS A HIGHER ESTIMATED PERCENTAGE OF MEDICAID AT 31 7% AND SELF-PAY/OTHER AT 9 5% FOR THE SSA, THE ESTIMATED PAYOR MIX IS ALSO PRIMARILY COMMERCIAL/PRIVATE INSURANCE (40 7%), FOLLOWED BY MEDICARE (29 0%), MEDICAID (22 8%), AND SELF-PAY/OTHER (7 5%) Community Health SH PROVIDES EXPERTISE IN SUPPORTING THE WEST-SIDE NEIGHBORHOOD REVITALIZATION ZONE (WSNRZ), AT THE HOSPITALS SOUTHERN BORDER THE WEST SIDE, A DENSELY POPULATED LOW-INCOME NEIGHBORHOOD EXPERIENCED A STEADY DECLINE IN HOME OWNERSHIP AND LACK OF INVESTMENT FOR MORE THAN THREE DECADES STAMFORD HOSPITAL AND CHARTER OAK COMMUNITIES (AKA COC, FORMERLY STAMFORD HOUSING AUTHORITY), AS ANCHOR INSTITUTIONS, WORKED WITH RESIDENTS, BUSINESSES AND THE CITY OF STAMFORD TO SPUR ECONOMIC IMPROVEMENT AND CAPITAL INVESTMENTS, REDUCE CRIME AND IMPROVE PEDESTRIAN SAFETY IN 2018 COC COMPLETED CONSTRUCTION OF A NEW A MIXED-INCOME RESIDENTIAL PROPERTY, A MAJOR CAPITAL INVESTMENT IN THE NEIGHBORHOOD THE NEW RESIDENTIAL STRUCTURE HAS MEDICAL OFFICES ON THE STREET LEVEL, CONTRIBUTING TO THE ECONOMIC VITALITY OF THE NEIGHBORHOOD THE NEWLY REDEVELOPED STAMFORD HOSPITAL MEDICAL CENTER AND CONNECTING MEDICAL OFFICE BUILDING ARE ABUNDANTLY LANDSCAPED WITH ENHANCED PEDESTRIAN ACCESS TO ALL CAMPUS BUILDINGS AND WALKING TRAILS WITHIN THE MEDICAL CAMPUS, PROVIDING IMPROVED WALKABILITY OPTIONS FOR THE COMMUNITY AND SH STAFF

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, Line 5	Promotion of Community Health THE STAMFORD HOSPITAL ('SH') PROVIDED A VARIETY OF PROGRAMS THAT BENEFITED THE COMMUNITY SOME EXAMPLES INCLUDED, HEALTH SPECIFIC HEALTH FACTORS OR DI SEASE ENTITIES SUCH AS HEART DISEASE, BREAST CANCER, DIABETES SELF-MANAGEMENT, NUTRITION HOSPITAL STAFF SERVED AS SPEAKERS AT SCHOOLS AND VARIOUS COMMUNITY GROUPS SH PARTNERS WIT H OPTIMUS HEALTH CENTERS, A FEDERALLY QUALIFIED HEALTH CARE CENTER, TO CREATE AN INTEGRATE D PRIMARY CARE DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED COMMUNITIES IN STAMFORD SH ALSO PARTNERS WITH AMERICARES FREE CLINIC BY PROVIDING FREE DIAGNOSTIC SERVICES TO THEIR P ATIENTS WHO ARE UNINSURED DISCOUNTED OR FREE SUPPLIES, EQUIPMENT AND MEDICATIONS WERE PRO VIDED TO INDIGENT PATIENTS IN 2018 SH ALSO PROVIDES INFORMATION AND REFERRAL SERVICES TO ENHANCE ACCESS TO CARE COMMUNITY INPUT AND ENGAGEMENT TO IMPROVE CHILD HEALTH AND ADDRESS OBESITY THROUGH NUTRITION EDUCATION IS PROVIDED THROUGH A STAMFORD CITY-WIDE TASK FORCE L ED BY SH IN 2018 THE CHILDRENS HEALTH COLLABORATIVE INCLUDED SOCIAL AND EMOTIONAL HEALTH AS KEY AREAS OF FOCUS THE COLLABORATIVE LINKS CHILD SERVING AGENCIES TO ADVOCATE, EDUCATE AND COORDINATE ITS EFFORTS TO INCREASE THE IMPACT OF COLLECTIVE EFFORTS MEMBERS INCLUDE STAMFORD PUBLIC SCHOOLS, THE STAMFORD RECREATION DEPARTMENT, STAMFORD DEPARMENT OF HEALTH, FAMILY CENTERS, CHARTER OAK COMMUNITIES, ALL OUR KIN, CHILDRENS LEARNING CENTERS, HEAD ST ART, FAIRGATE FARM AND THE UNITED WAY OF WESTERN CT , AND SHS KIDSFANS (KIDS FITNESS AND N UTRITION SERVICES) PROGRAM PHYSICAL ACTIVITY AND HEALTH CONSCIOUS NUTRITION IS A CORNERST ONE OF THIS INITIATIVE A MAJOR INITIATIVE OF SH IS THE VITA HEALTH & WELLNESS INITIATIVE, FOCUSED INITIALLY ON TWO CENSUS TRACTS IN THE WEST SIDE, (214 AND 215) IN 2018 THE VITA COLLABORATIVE CONDUCTED A STRATEGIC PLANNING PROCESS RESULTING IN A DECISION TO EXPAND ITS SERVICES CITY-WIDE A CITY-WIDE TASK FORCE FOCUSED ON CHILDREN AND ADOLESCENT MENTAL HEAL TH IS UNDERWAY UNDER VITA THE VITA COLLABORATIVE BRINGS TOGETHER THE KEY SERVICE PROVIDER S MONTHLY TO DEVELOP PROGRAMS TO IMPROVE THE PHYSICAL ENVIRONMENT AND HEALTH OF THE COMMUN ITY IN 2018, STAMFORD HOSPITAL PROVIDED CASH AND IN-KIND SUPPORT TO THE VITA HEALTH AND W ELLNESS INITIATIVE AND THE STAMFORD CRADLE TO CAREER INITIATIVE, BOTH COLLECTIVE IMPACT CO LLABORATIONS THE VITA INITIATIVE SEEKS TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN STAMF ORDS WEST SIDE, AND, CRADLE TO CAREER FOCUSED ON ADDRESSING THE ACHIEVEMENT GAP IN THE STA MFORD PUBLIC SCHOOLS THE AMERICARES FREE CLINIC OF STAMFORD (AFC) IMPROVING ACCESS TO CAR E FOR THE UNINSURED FY2018 $672,600 (CHARGES) THE STAMFORD HOSPITAL AND AFC PARTNERSHIP PROVIDES STAMFORDS UNINSURED PATIENT POPULATION WITH READY ACCESS TO ESSENTIAL HIGH QUALIT Y DIAGNOSTICS STAMFORD HOSPITAL PROVIDES DIAGNOSTIC TESTING AT NO COST WITH ONGOING SUPP ORT AND EDUCATION AND CLOSE MEDICAL MANAGEMENT, PATIENTS DEMONSTRATE GREATER COMPLIANCE AN D CONTROL OVER THEIR CHRONIC DISEASE AND ARE EDUCATED ABOUT THE PROPER UTILIZATION OF URGE NT AND EMERGENCY SERVICES AFC PROVIDES DIAGNOSIS AND TREATMENT OF NON-URGENT AND CHRONIC MEDICAL CONDITIONS INCLUDING ESSENTIAL MEDICATIONS AS AVAILABLE, X-RAY AND DIAGNOSTIC SERV ICES AS INDICATED AND AS AVAILABLE AS WELL AS LABORATORY TESTS ORDERED BY PHYSICIANS, AND REFERRALS TO SPECIALTY CARE AND PROCEDURES WHEN AVAILABLE ELIGIBILITY CRITERIA PATIENTS HAVE NO PUBLIC OR PRIVATE HEALTH INSURANCE, NOT BE MEDICAID ELIGIBLE, MEET INCOME GUIDELIN ES PEDIATRIC MEDICAL HOME INITIATIVE OF SW CT MEDICAL HOME INITIATIVE (MHI) SERVES FAMIL IES WITH CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS IN SOUTHWEST CT , AND HAS BEEN D OING SO FOR THE PAST 15 YEARS MHI PROVIDES COORDINATION OF CARE, AND IN 2018 MHI SERVED 6 05 PATIENTS AND THEIR FAMILIES, OF WHICH 356 HAD HIGHLY COMPLEX MEDICAL NEEDS MHI CONTINU ES TO FOCUS ON SEEKING RESOURCES FOR UNFULFILLED NEEDS OF CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS IN THE COMMUNITY, PARTNERS WITH MAYOR'S YOUTH INITIATIVE MHI CONTINUES T O CHAMPION AND SECURE CAMP SCHOLARSHIPS FROM COMMUNITY ORGANIZATIONS, INCLUDING THE DARIEN YMCA AND BOYS AND GIRLS CLUB, STAMFORD EACH YEAR, MHI ORGANIZES FOCUS GROUPS IN STAMFORD AND BRIDGEPORT LED BY THE CT DEPARTMENT OF PUBLIC HEALTH TO GAIN VALUABLE INSIGHT AND FEE DBACK ABOUT THE PROGRAM AND TO HIGHLIGHT THE CONTINUING GAPS AND CHALLENGES FOR FAMILIES MHI PROVIDES DENTAL KITS FOR VERY YOUNG CHILDREN, DONATED BY THE DENTAL PARTNERSHIP, AND C ONNECTS FAMILIES TO FREE DENTAL SERVICES IN THE COMMUNITY MHI ALSO CONTINUES TO FOCUS ON OBESITY PREVENTION, INTERVENTION AND MANAGEMENT, PROVIDING PARENTS WITH REFERRALS, NUTRITI ON EDUCATIONAL MATERIALS IN ENGLISH, SPANISH AND CREOLE THESE HAVE BEEN MADE AVAILABLE AT ALL MEDICAL HOME SITES IN SOUTHWEST CT REGION MHI ATTEMPTS TO CONNECT FAMILIES WITH LOCA L RESOURCES, CHAMPION PROGRAMS IN THE COMMUNITY AND SHARING INFORMATION WITH COMMUNITY HEA LTH CENTERS AND DOCTORS OFFICES ASTHMA & COPD EDU

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, Line 5	CATION AN ANNUAL COPD EDUCATION FAIR WITH LECTURES AND VENDORS IS OPEN TO THE COMMUNITY, OUR PATIENTS AND THEIR FAMILY MEMBERS SH HELD MONTHLY ASTHMA EDUCATION PROGRAMS WITH CERT IFIED INSTRUCTORS PEDIATRIC ASTHMA CLINIC PROVIDES FREE EQUIPMENT FOR CHILDREN AGES 4-18, AND CONDUCTS A MONTHLY PHYSICIAN-LED SUPPORT GROUP 'BETTER BREATHERS CLUB' IN COORDINATI ON WITH THE BENNETT CANCER CENTER, THE PULMONARY DEPARTMENT PARTICIPATES IN THE 'GREAT AME RICAN SMOKEOUT COMMIT TO QUIT' CAMPAIGN, CONDUCTS EARLY LUNG CANCER SCREENING AND CERTIFIE D TOBACCO TREATMENT OPTIONS FOR ACTIVE SMOKERS TO RAISE AWARENESS AND UNDERSTANDING OF AS THMA, SH CONDUCTS EDUCATIONAL PROGRAMS IN COMMUNITY SETTINGS, INCLUDING MIDDLE AND HIGH SC HOOLS AT PUBLIC AND PRIVATE SCHOOLS IN STAMFORD, FOCUSING ON SMOKING CESSATION, THE USE OF E-CIGARETTES AND VAPING CANCER OUTREACH AND EDUCATION AS REQUIRED BY THE AMERICAN COLLE GE OF SURGEONS COMMISSION ON CANCER, A CANCER COMMITTEE OVERSEES STAMFORD HOSPITAL'S CANCE R PROGRAM, OF WHICH EDUCATIONAL AND OUTREACH PROGRAMS FOR THE COMMUNITY AND PATIENTS ARE A KEY COMPONENT A PARTNERSHIP BETWEEN THE CITY OF STAMFORD, THE AMERICAN CANCER SOCIETY AN D STAMFORD HEALTHS BENNETT CANCER CENTER CONTINUES TO WORK COLLABORATIVELY AND SUCCESSFULL Y TO COMMUNICATE TO STAMFORD AND THE SURROUNDING COMMUNITIES REGARDING THE IMPORTANCE OF P REVENTION, SCREENING AND EARLY DETECTION OF CANCERS DIRECT MAIL IS USED TO REMIND WOMEN O F THE IMPORTANCE OF SCREENING FOR BREAST CANCER PAINT THE TOWN PINK, A COMMUNITY-WIDE BRE AST CANCER AWARENESS PROGRAM, HELD A MONTH-LONG SERIES OF EVENTS IN OCTOBER IN ADDITION, EDUCATIONAL LECTURES AND HEALTH FAIR PARTICIPATION THROUGHOUT THE YEAR FOR THE COMMUNITY I NCLUDE TOPICS FOCUSED ON BREAST CANCER, RAISING AWARENESS ABOUT THE DANGERS OF SUN EXPOSUR E, RISKS FOR SKIN CANCER AND PROGRAMS TO UNDERSTAND SCREENING FOR AND TACTICS TO PREVENT C OLORECTAL CANCERS, DIRECT MAIL INITIATIVES TO UNDERSCORE THE IMPORTANCE OF SCREENING AND E ARLY DETECTION OF LUNG CANCER, AS WELL AS EDUCATION ABOUT GYNECOLOGIC CANCERS CANCER OUTR EACH EFFORTS ALSO INCLUDE ANTI-TOBACCO LECTURES AND AN ANTI-SMOKING POSTER CONTEST FOR ELE MENTARY SCHOOL CHILDREN THE HOSPITAL OFFERS A SMOKING CESSATION PROGRAM YEAR-ROUND NUTRI TION PROGRAMS, LED BY A REGISTERED DIETITIAN, ARE OFFERED THROUGHOUT THE YEAR CANCER SCRE ENINGS STAMFORD HOSPITAL OFFERS MAMMOGRAPHY SCREENING TO THE COMMUNITY AT NO COST TO PATI ENTS WHO ARE UNINSURED IN FY 18, 23,406 WOMEN RECEIVED MAMMOGRAMS, OF WHICH 616 WERE PERF ORMED AT NO COST THROUGH GRANTS PROVIDED BY THE BREAST CANCER ALLIANCE AND PINK AID THE B REAST CANCER ALLIANCE GRANT PROVIDED 285, AND THE PINK AID GRANT 331, SCREENING MAMMOGRAMS STAMFORD HOSPITAL ALSO PARTICIPATES IN THE CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (CBCCEDP) IN FY 18 STAMFORD HOSPITALS CONNECTICUT EARLY DETECTION & PRE VENTION PROGRAM (CEDPP) PROVIDED 211 CLINICAL BREAST EXAMS, 94 MAMMOGRAMS, 167 PAP SMEARS AND 128 HPV TESTS TO UNINSURED WOMEN IN OUR COMMUNITY TO REACH THE UNDERSERVED, THE HOSPI TAL COLLABORATED WITH OPTIMUS HEALTH CARE ("OPTIMUS"), A FEDERALLY QUALIFIED HEALTH CENTER , THE WITNESS PROJECT OF CT, PLANNED PARENTHOOD OF CT, AND THE HISPANIC COUNCIL OF GREATER STAMFORD OUTREACH WAS TARGETED TO UNDERINSURED AND UNINSURED WOMEN OF COLOR, AND ASSISTA NCE PROVIDED TO ADDRESS LANGUAGE BARRIERS, NAVIGATE THE HEALTHCARE SYSTEM, AND COPE WITH F EAR STAMFORD HOSPITAL FUNDS A CLINICAL NAVIGATOR AT OPTIMUS HEALTH TO ASSIST IN COORDINAT ING CARE FOR CANCER SCREENINGS AS WELL AS PATIENTS WHO ARE DIAGNOSED WITH CANCER THROUGH O UR COLLABORATION STAMFORD HEALTHS BREAST CENTER IN CONJUNCTION WITH THE BENNETT CANCER CE NTER EXPANDED ITS HIGH RISK BREAST PROGRAM IN 2018 AFTER A SUCCESSFUL PILOT UTILIZING A PE RSONALIZED PATIENT CENTERED APPROACH BASED ON THE RESULTS OF THE PILOT, THE BREAST CENTER RECEIVED A GRANT FROM THE CT BREAST HEALTH INITIATIVE, INC TO FUND A HIGH RISK COORDINAT OR IN 2018 FROM JANUARY 29, 2018-DECEMB

Additional Data

Software ID:

Software Version:

EIN: 06-0646917

Name: THE STAMFORD HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

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**
1	The Stamford Hospital One Hospital Plaza Stamford, CT 06904 www stamfordhealth org 0059	X	X		X		X	X			

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 5	IN 2016 SH PARTNERED WITH DATAHAVEN, THE HOSPITALS IN FAIRFIELD COUNTY, AND THE FAIRFIELD COUNTY'S COMMUNITY FOUNDATION IN THE DEVELOPMENT OF A COUNTY-WIDE COMMUNITY WELLBEING INDE X, WHICH PROVIDES IMPORTANT DATA ON COMMUNITY ISSUES SUCH AS PUBLIC SAFETY, EDUCATION, HOU SING, TRANSPORTATION, EMPLOYMENT AND HEALTH, AND IT SERVES AS THE FIRST CHAPTER OF THE SH COMMUNITY HEALTH NEEDS ASSESSMENT THE BENEFITS OF COLLABORATION INCLUDE EFFICIENCY CONSIS TENT DATA, AND COMPARABLE RESULTS AS IN 2016, STAMFORD HOSPITALS CHAPTER FOCUSES ON THE C ITY OF STAMFORD AND THE TOWN OF DARIEN SH PROCESS AND METHODOLOGY FOR THE COMMUNITY HEALT H NEEDS ASSESSMENT INCLUDES THE DATA HAVEN COMMUNITY WELLBEING INDEX, AND QUANTITATIVE DAT A SOURCES AS THE CONNECTICUT HOSPITAL ASSOCIATIONS HOSPITAL ENCOUNTER DATA AND MORTALITY D ATA FROM THE CT DEPARTMENT OF PUBLIC HEALTH QUALITATIVE DATA SOURCES INCLUDE IN-PERSON IN TERVIEWS, FOCUS GROUPS AND ONLINE SURVEY Through the focus groups and interviews, the Hos pital was able to gather feedback from many key organizations and individuals Below are a few of the organizations from which feedback was gathered in the form of either an interv iew or focus group - City of Stamford, Department of Health & Social Services - Darien He alth Department - Stamford Emergency Medical Services - AmeriCares - Optimus Health Care - Darien Senior Center - Neighbors Link - Childcare Learning Centers Individuals with whom we spoke at all of the organizations listed above either have expertise in public health o r represent a minority and/or underserved group in the community Please refer to CHNA Exh ibit A for the complete list of organizations represented through interviews and Exhibit B for the complete list of organizations at which focus groups were hosted Through our onl ine survey, we were able to gather input from a wider range of individuals representing ma ny organizations based in Stamford or Darien Below is a sample list of the organizations and groups from which representatives provided feedback through our online survey - Stamf ord Health Commission - Stamford Chamber of Commerce - Person-to-Person - Darien Community YMCA - Shelter for the Homeless - Business Council of Fairfield County Please refer to Ex hibit C for a list of organizations from which representatives provided feedback through o ur online survey It is important to note that not all respondents to the survey provided contact information and, therefore, are not included in Exhibit C For a brief description of some of the organizations from whom we gathered input, please refer to Exhibit D FORM 990, SCHEDULE H, PART V, SECTION C, LINE 7 https //www stamfordhealth org/app/files/publi c/2254/Community-Health-Asse ssment-Needs pdf FORM 990, SCHEDULE H, PART V, SECTION B, LIN E 8 In response to the Community Health Needs Assessment adopted September 30, 2016, Stamf ord Health developed an implementation strategy which was adopted at the January 25, 2017 Stamford Hospital Board of Dir

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 5	ectors meeting FORM 990, SCHEDULE H, PART V, SECTION C, LINE 10 https //www stamfordhealt h org/app/files/public/2384/implementation-strate gy pdf FORM 990, SCHEDULE H, PART V, SEC TION B, LINE 11 This report was reviewed and adopted by the Hospitals leadership team and Board of Directors on September 28, 2016 As a next step, Stamford Hospital identified a t ask force that was responsible for developing a community health improvement plan (CHIP) t o address the 2016 health priorities The task force included representatives from our qua lity, nursing, case management, ambulatory, finance and service line teams Additionally, several physicians were asked to participate on the committee as well as leaders from the community As the task force built the CHIP, it considered the programs, organizations and facilities available in the community to help address the identified health priorities E xhibit G is a partial list of community organizations and resources that were consulted to address the issues The Hospital also considered the partnerships which were established or expanded in connection with the 2013 CHIP as set forth in Exhibit E For issues identif ied through the CHNA, but not addressed in the 2016 CHIP, Stamford Hospital will work with its partners to determine the most suitable resources available in the community to addre ss those issues The final plan was submitted and made publicly available in February 2017 FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16A https //www stamfordhealth org/app/fil es/public/2218/fap_2016_policy_engli sh pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16B https //www stamfordhealth org/app/files/public/2217/fap_2016_application_ english pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16C https //www stamfordhealth org/app/file s/public/2219/fap_2016_summary_engl ish pdf FORM 990, SCHEDULE H, PART V, SECTION B, LINE 22D For an individual whose income is between 200% and 400% of the FPG, Stamford Hospital shall determine the level of discount for the service if the patients household gross year ly income meets or does not exceed four times the most recent FPG, according to Stamford H ospitals Financial Assistance calculation table The discount will be applied to the patie nts obligation, which, for uninsured patients, is the AGB based on the look-back method O r, for insured patients, the deductible, copayment or coinsurance obligation will be deter mined using the FPG for the patients gross household yearly income and the Stamford Hospit al Financial Assistance calculation table

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OPTIMUS HEALTH CARE INC 982 E MAIN ST BRIDGEPORT, CT 06608	06-0972166	501(C)(3)	999,996				

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2	FUNDS PROVIDED ARE CONSIDERED A CONTRIBUTION FOR HEALTHCARE WITHIN THE COMMUNITY

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	President - Brian Grissler Taxable Gross Up Payment $151,416 Asst Secretary - Darryl McCormick Taxable Gross Up Payment $1,250 ASST SECRETARY/COO - KATHLEEN A SILARD Taxable Gross Up Payment $4,645 M D - David YUH Taxable Gross Up Payment $68,425 Treasurer/CFO - Kevin Gage Taxable Gross Up Payment $4,865 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
SCHEDULE J, PART I, LINE 4A	Former High Comp Employee - David Smith Severance $322,770
SCHEDULE J, PART I, LINE 4B	DAVID SMITH, DARRYL MCCORMICK AND KEVIN GAGE PARTICIPATED IN A 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING 2017, VESTED PROCEEDS WERE TAXABLE AS FOLLOWS - DAVID SMITH $95,680 - DARRYL MCCORMICK $153,782 - KEVIN GAGE $112,880

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Brian Grissler President & CEO	(I)	1,172,193	139,250	596,049	13,643	27,856	1,948,991	0
	(II)	0	0	0	0	0	0	0
1Charles Littlejohn MD PHYSICIAN AND DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	317,521	0	8,206	0	28,033	353,760	0
2Michael Coady MD Chief of Cardiac Surgery	(I)	803,816	80,000	1,932	13,569	13,183	912,500	0
	(II)	0	0	0	0	0	0	0
3Kevin Gage TREASURER/CFO - THRU 08/2018	(I)	657,229	0	127,723	12,522	37,178	834,652	0
	(II)	0	0	0	0	0	0	0
4Darryl McCormick Assistant Secretary	(I)	420,257	12,000	163,858	12,065	11,559	619,739	0
	(II)	0	0	0	0	0	0	0
5Kathleen A Silard Assistant Secretary/COO	(I)	664,963	0	24,393	13,521	37,178	740,055	0
	(II)	0	0	0	0	0	0	0
6David Yuh MD PHYSICIAN	(I)	894,289	135,000	69,688	13,569	34,678	1,147,224	0
	(II)	0	0	0	0	0	0	0
7Brian Stainken MD Dept Chair	(I)	608,434	92,252	5,544	13,587	21,291	741,108	0
	(II)	0	0	0	0	0	0	0
8Sean Dowling MD Physician	(I)	599,473	0	3,612	13,602	23,118	639,805	0
	(II)	0	0	0	0	0	0	0
9Maher Madhoun MD Physician	(I)	491,885	152,660	840	10,800	34,456	690,641	0
	(II)	0	0	0	0	0	0	0
10Gerald B Rakos MD Physician and Director	(I)	447,169	45,009	213	13,532	25,853	531,776	0
	(II)	0	0	0	0	0	0	0
11DAVID SMITH ASST SECRETARY	(I)	0	0	429,118	0	840	429,958	0
	(II)	0	0	0	0	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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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	SEE SCHEDULE K, PART VI		X		X		X
C	STATE OF CT HEALTH AND EDUCATION FAC AUTHORITIES	06-0806186	20774YK55	07-27-2016	50,921,018	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	39,560,000	3,250,000	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	133,995,069	254,620,769	50,921,018	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	36,350,996	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	2,057,323	2,935,597	921,018	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	24,835,260	251,685,172	50,000,000	
11	Other spent proceeds	107,102,486	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2011	2016	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		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		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?	X		X		X			
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 %		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 %		0 %		
6	Total of lines 4 and 5		0 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?		X		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		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %		0 %		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		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		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		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		X		
b	Name of provider	0		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		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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	THE STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, SERIES I (THE SERIES I BONDS) WERE ISSUED ON MAY 12, 2010, FOR A TERM OF 20 YEARS, AT A PREMIUM OF $1,002,000 THE SERIES I BONDS WERE USED FOR 1)REFUNDING OF COMMERCIAL LOANS AND THE STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, ISSUED AS FOLLOWS 11/13/96, 3/24/99, 6/03/08 AND 5/28/09 2)FINANCING ROUTINE RENOVATION AND OTHER CAPITAL EXPENDITURES 3)FINANCING THE DEVELOPMENT AND CONSTRUCTION OF NEW HOSPITAL FACILITY 4)THE PROCEEDS ALSO REIMBURSED THE STAMFORD HOSPITAL (TSH) FOR CERTAIN COSTS OF ISSUANCE OF THE SERIES I BONDS

Return Reference	Explanation
SCHEDULE K, PART I COLUMN (F) BOND B	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 $250,000,000 FOR A TERM OF 30 YEARS, AT A PREMIUM OF $4,621,000 THE SERIES J BONDS PROCEEDS WERE USED FOR FINANCING ARCHITECTURAL, ENGINEERING, SITE PERMITTING, LEGAL PLANNING, AND CONSTRUCTION COSTS RELATING TO THE CONSTRUCTION OF A NEW HOSPITAL FACILITY THE PROCEEDS ALSO REIMBURSED TSH FOR CERTAIN COSTS OF ISSUANCE OF THE SERIES J BONDS

Return Reference	Explanation
SCHEDULE K, PART I COLUMN (F) BOND C	THE STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, SERIES K (THE SERIES K BONDS) WERE ISSUED ON JULY 27, 2016 IN THE AMOUNT OF $47,620,000 FOR A TERM OF 30 YEARS, AT A PREMIUM OF $3,301,000 THE SERIES K BONDS WERE USED FOR REIMBURSING A PORTION OF THE COSTS OF THE CONSTRUCTION, FURNISHING, AND EQUIPPING THE CONSTRUCTION OF A NEW HOSPITAL FACILITY THE PROCEEDS ALSO REIMBURSED TSH FOR CERTAIN COSTS OF ISSUANCE OF THE SERIES K BONDS

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	BOND A THERE IS A $3,000 VARIANCE BETWEEN PROCEEDS OF THE ISSUE AND THE ISSUE PRICE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C BONDS A AND B	THE DATE OF THE MOST RECENT REBATE COMPUTATION WAS JUNE 20, 2017

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

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2017

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THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) H DARRELL HARVEY	SEE PART V	5,875,387	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
Part IV, Line 1	The Stamford Hospital paid $5,875,387 to AP Construction, a company owned by H Darrell Harvey, who is a board member of The Stamford Hospital Foundation

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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

2017

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	14	242,247	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?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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 990-EZ 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

2017

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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	STAMFORD HEALTH INC (SHI), A TAX-EXEMPT ORGANIZATION, IS THE SOLE MEMBER OF THE STAMFORD HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	STAMFORD HEALTH INC (SHI), THE SOLE MEMBER OF THE STAMFORD HOSPITAL, HAS THE POWER, AS TH E SOLE MEMBER TO ELECT THE BOARD OF DIRECTORS OF THE STAMFORD HOSPITAL (THE "HOSPITAL") (EXCEPT FOR THE HOSPITAL PRESIDENT/CEO, WHO SERVES AS AN EX OFFICIO DIRECTOR) (SECTIONS V 2 , VI 2), TO ELECT/ REMOVE/REPLACE THE HOSPITAL'S OFFICERS OTHER THAN THE PRESIDENT/CEO (SE CTIONS VII 1, VII 4-5), AND TO ADOPT/AMEND/RESTATE/REPEAL THE BYLAWS (ART XII) SHI HAS C ERTAIN STATUTORY APPROVAL RIGHTS AS THE SOLE MEMBER, SUCH AS THE RIGHT TO APPROVE MOST AME NDMENTS TO THE HOSPITAL'S CERTIFICATE AND THE HOSPITAL'S MERGER, DISSOLUTION, OR SALE OF A LL ASSETS LEAVING THE HOSPITAL WITH NO SIGNIFICANT CONTINUING ACTIVITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	SHI HAS CERTAIN STATUTORY APPROVAL RIGHTS AS THE SOLE MEMBER, SUCH AS THE RIGHT TO APPROVE MOST AMENDMENTS TO THE HOSPITAL'S CERTIFICATE AND THE HOSPITAL'S MERGER, DISSOLUTION, OR SALE OF ALL ASSETS LEAVING THE HOSPITAL WITH NO SIGNIFICANT CONTINUING ACTIVITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE STAMFORD HOSPITAL HAS A COMPREHENSIVE REVIEW PROCESS IN PLACE RELATING TO THE REVIEW O F FORM 990 PRIOR TO FINALIZATION OF THE FORM 990, MANAGEMENT PRESENTS THE DRAFT FORM 990 TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION THE HOSPITAL'S EXTERNAL TAX ACCO UNTANTS ATTEND THIS MEETING WITH MANAGEMENT TO ADDRESS ANY SPECIFIC CONCERNS OR QUESTIONS THIS REVIEW PROCEDURE HELPS TO ASSURE SOUND REPORTING AND COMPLIANCE WITH TAX LAW

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE STAMFORD HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION cost - $18,535,082 SHMG DEBT FORGIVENESS - ($40,789,494) PENSION COST OTHER THAN S ERVICE COST - ($4,859,705) OTHER - $ 6,915 ---------- TOTAL - ($27,107,202)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 5480028

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 31853369

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 10054106

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 3375518

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION DATA PROCESSING FEES TOTAL FEES 548031

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ARCHIVING SERVICES TOTAL FEES 6944

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERCOMPANY STAFFING FEES TOTAL FEES 10561705

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY SERVICES TOTAL FEES 1318534

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

OMB No 1545-0047

2017

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) 24 GROVE ST NEW CANAAN LLC ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 27-4941167	RENTAL	CT	-19,075	762,585	TSH
(2) 36 GROVE STREET ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 27-4941529	MEDICAL RENTA	CT	-26,494	5,363,382	TSH
(3) STAMFORD HEALTH OCCUPATIONAL HEALTH SERV ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 47-5119889	OCCUPATIONAL	CT	64,955	0	TSH
(4) STAMFORD HEALTHCARE ALLIANCE LLC ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 45-5468194	INACTIVE	CT	0	0	TSH
(5) PHYSICIAN ALLIANCE OF STAMFORD ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 45-5458611	MGMT SERVICES	CT	-140,523		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)THE STAMFORD HOSPITAL FOUNDATION ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 22-2478748	FUNDRAISING	CT	501(c)(3)	10	SHI	Yes	
(2)STAMFORD HEALTH INC ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 22-2476636	PARENT	CT	501(c)(3)	12B	NA		No
(3)STAMFORD HEALTH MEDICAL GROUP ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 27-1648289	MEDICAL SVCS	CT	501(c)(3)	10	TSH	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) Disproprtionate 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)HEALTHSTAR INDEMNITY CO LIMITED WELLESLEY HSE SOUTH 1ST FLOOR 90 PI PEMBROKE HM08 BD	SELF INSURANCE	BD	TSH	C Corp	1,522,955	73,648,337	100 000 %	Yes	
(2)MILLER HALL MEDICAL SUITES ONE HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 06904 06-1619978	PROF OFFICE BLDG	CT	SHI	C Corp	0	0	0 %		No

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

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

		Yes	No
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		No
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		No
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		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)STAMFORD HEALTH MEDICAL GROUP	b	40,789,494	BOOK VALUE
(2)STAMFORD HEALTH MEDICAL GROUP	j	686,775	BOOK VALUE
(3)STAMFORD HEALTH MEDICAL GROUP	o	164,775	BOOK VALUE
(4)HEALTHSTAR INDEMNITY CO	Q	9,745,956	CASH VALUE
(5)HEALTHSTAR INDEMNITY CO	r	8,505,650	CASH VALUE

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)