Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 9M12

Department of the Treasury Internal Revenue Service

▶ 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.

pen to Public
Inspection

AF	or th	e 201	3 calendar year, or tax year beginning $10/01$, 2013, and en	iaing		09	/30,20 14
R o	heck if ap		C Name of organization		D Employer id	entific	cation number
	_		STAMFORD HEALTH SYSTEM, INC.		_		
	Addre chang		Doing Business As		22-2476		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone n	umbei	r
	Initial	return	30 SHELBURNE RD, PO BOX 9317		(203) 27	6-1	.000
	Termi	inated	City or town, state or province, country, and ZIP or foreign postal code				
	Amen return		STAMFORD, CT 06902		G Gross receip	ts \$	85,965,145.
	Applic pendi		F Name and address of principal officer: KEVIN GAGE		H(a) Is this a grown subordinates		rn for Yes X No
			30 SHELBURNE RD, PO BOX 9317 STAMFORD, CT 06902		H(b) Are all subord		ncluded? Yes No
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	ch a list	t. (see instructions)
J	Websi	te: 🕨	N/A		H(c) Group exem	ption n	umber
K	Form o	of organ	ization: X Corporation Trust Association Other L Ye	ear of forma	tion: 1983 M	State	of legal domicile: CT
Pa	art I	Sui	mmary		·		
	1	Briefly	describe the organization's mission or most significant activities: STAMFORD HE	ALTH S	SYSTEM IS	A S	UPPORTING
ė			ANIZATION WHOSE MISSION IS TO SUPPORT ITS AFFILIATE				
ano		STA	MFORD HOSP, MILLER HALL MED STES, STAMFORD HEALTH F	DN, SH	 HIP.		
/err	2	Check	this box if the organization discontinued its operations or disposed of more	e than 25%	6 of its net asset	s.	
Governance			er of voting members of the governing body (Part VI, line 1a)			3	14.
	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4	12.
Activities &			number of individuals employed in calendar year 2013 (Part V, line 2a)			5	0
ŧΞ			number of volunteers (estimate if necessary)			6	0
Ac			unrelated business revenue from Part VIII, column (C), line 12			7a	747,169.
			nrelated business taxable income from Form 990-T, line 34			7b	687,663.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Prior Year	1 17	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)	$\neg \vdash $		0	75,822.
Revenue	9	Progra	am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, 4, and 7d) PUBLIC INSPECTION		2,346,239.		2,172,640.
e ve	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	ом 💳	4,231,75	_	2,783,682.
ď			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		46,26	_	123
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,624,25	$\overline{}$	5,032,267.
_			s and similar amounts paid (Part IX, column (A), lines 1-3)		-,,	0	(
	14		its paid to or for members (Part IX, column (A), line 4)			0	
"			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		801,12	22.	805,976.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)		301,11	0	(
ber			fundraising expenses (Part IX, column (D), line 25)				
Ĕ			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,297,93	30	3,369,339.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,099,05	_	4,175,315.
	19		nue less expenses. Subtract line 18 from line 12		2,525,20	_	856,952.
es	13	IVEVE	ide less expenses. Subtract line to non line 12		nning of Current		End of Year
t Assets or	20	Total	assets (Part X, line 16)	<u> </u>	179,474,54	\rightarrow	182,852,717.
Ass Bal	21		assets (Part X, line 16)	• •	18,703,11	_	19,711,525.
Net /			ssets or fund balances. Subtract line 21 from line 20.	• • -	160,771,42	$\overline{}$	163,141,192.
	rt II		gnature Block	-	100,771,12		
			of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements :	and to the hest of	f my k	knowledge and helief it is
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any k	nowledge.	, .	
Sig	n		Signature of officer		Date		
He			KEVIN GAGE TREASURER				
			Type or print name and title				
			Type or print that the tribute of th		Chaok	if F	PTIN
Paid	i		01 - 1 - 1	14/15	Check self-employ	J "	P00032493
Pre	parer			17/10			6565596
Use	Only						-681-7000
Mar	the II		address 111 MONUMENT CIRCLE, STE 4000 INDIANAPOLIS, IN 46204 cuss this return with the preparer shown above? (see instructions)			ΣΙ /	
			Reduction Act Notice, see the separate instructions.	<u> </u>			Yes X No
ror	rape	I W O L K	REQUESION ACT NOTICE. SEE THE SEDATATE INSTRUCTIONS.				Form 33U (2013)

Form 990 (2013) Page 2

Pa	Statement of Program Service Accomplishments Chack if Cabadula O cantains a response or mate to any line in this Port. III
1	Check if Schedule O contains a response or note to any line in this Part III
•	STAMFORD HEALTH SYSTEM IS A SUPPORTING ORGANIZATION WHOSE MISSION IS
	TO SUPPORT ITS AFFILIATED ORGANIZATIONS: THE STAMFORD HOSPITAL,
	MILLER HALL MEDICAL SUITES, STAMFORD HEALTH FOUNDATION AND STAMFORD
	HEALTH INTEGRATED PRACTICES, INC.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? 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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$
	HOSPITAL AND AFFILIATED CORPORATIONS THAT PROVIDE A BROAD RANGE OF
	HEALTHCARE AND RELATED SERVICES TO THE COMMUNITIES OF SOUTHERN
	FAIRFIELD COUNTY CONNECTICUT AND ADJOINING COMMUNITIES IN
	WESTCHESTER COUNTY, NEW YORK.
4b	(Code:) (Expenses \$837,176 including grants of \$0) (Revenue \$1,385,909)
	OWNER AND OPERATOR OF OFFICE BUILDING ADJACENT TO THE STAMFORD
	HOSPITAL'S MAIN CAMPUS WHICH IS PRIMARILY USED FOR PHYSICIAN'S
	OFFICES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4 -1	Other present continue (Decembe in Cabadula O.)
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2 753 733

4e Total program service expenses ► 2,753,733.

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578830 1274 Form **990** (2013) PAGE 3 Form 990 (2013)
Page 3

to be the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. It is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Is 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 D, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)(4) effect on in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(5), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization meanized advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization meanized in collections of works of art, historical treasures, or forther similar assesse? If "Yes," complete Schedule D, Part III. Did the organization receiver 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 III. 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, inc 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability: serve as a custodian for amounts not li	-ar	Checklist of Required Schedules		.,	
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Nes." complete Schedule C. Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes." complete Schedule C. Part II. 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 98-197 If "Yes." complete Schedule C. Part III. 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 II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D. Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D. Part II. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D. Part II. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D. Part II. 10 Did the organization services? If "Yes," complete Schedule D. Part II. 11 If the organization services? If "Yes," complete Schedule D. Part II. 12 If If the organization services II "Yes," complete Schedule D. Part II. 13 If If the organization services II was to any of the following questions is "Yes," complete Schedule D. Part III. 14 If II It is total assests reported in Part X, line 167 If "Yes," complete Schedule D. Part IV. 15 Did the organization separate or amount for invest				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes" complete Schedule C, Part II. 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 "Pes" complete Schedule C, Part II. 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" ("Pes", complete Schedule C, Part III. 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 II. 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 III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 9 Did the organization sensors II "Yes," complete Schedule D, Part III. 10 Did the organization or poort an amount for investment or other similar account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts	1			3.5	
3 Dit 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 II. 4 Section 591(c)(3) organizations. Dit the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III. 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 89-19? If "Yes," complete Schedule C, Part III. 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 II. 7 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 II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 9 Did the organization sunds in "Yes," complete Schedule D, Part IV. 10 Did the organization description or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV. 10 Did the organization shortes III "Yes," complete Schedule D, Part IV. 11 Did the organization shortes III "Yes," complete Schedule D, Part IV. 12 Did the organization amount for the sasts 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 IV. 12 Did the organi	_	·		X	37
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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 "ves," complete Schedule (2, Part III	3		9		v
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501 (c)(4), 50 501 (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. Did the organization maintain any donor advised funds or any similar tunds 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 II. 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. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization 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 V. 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. VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities 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 X. Did the organization report an amount for other l			<u> </u>		Λ
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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 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fland areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 10, Part IV 9 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 If the organization assewer to any of the following questions is "Yes," then complete Schedule D, Part V 10 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets 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 VIII 11 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 VIII 11 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 Schedu			5		х
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"Yes," complete Schedule D, Part I 6 X X 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 X X X X X X X X X	٠	, ,			
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 III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization operat 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. 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. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part VIII. 12 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 VIII. 13 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 VIII. 14 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 VIII. 2 Did the organization sport 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 X VIII. 2 Did the organization sport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in P			6		Х
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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	_				
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12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	•	· · · · · · · · · · · · · · · · · · ·	11f		х
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. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 a				
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	. .		12a		Х
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	b				
14 a Did the organization maintain an office, employees, or agents outside of the United States?			12b	Х	
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	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
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					
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20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 3		19		Х
	20 a				

Form 990 (2013) Page 4

Part I	V Checklist of Required Schedules (continued)								
			Yes	No					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or								
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X					
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States								
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III								
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X					
23	- · · · · · · · · · · · · · · · · · · ·								
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	Х						
04 -	employees? If "Yes," complete Schedule J	23							
24 a	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	0.4		37					
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year								
	to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction								
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
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 L	25b		X					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any								
	current or former officers, directors, trustees, key employees, highest compensated employees, or								
	disqualified persons? If so, complete Schedule L, Part II	26		Х					
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		Х					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,								
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		Х					
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete								
D	Schedule L. Part IV.	28b		Х					
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200							
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х					
20	•	29		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х					
	conservation contributions? If "Yes," complete Schedule M	30							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v					
	Part I.	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v					
	complete Schedule N, Part II	32		X					
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	X						
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	X						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X						
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	X						
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		Х					
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		X					
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	Х						

Form **990** (2013)

Form 990 (2013) Page **5**

Par	·			
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 5 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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	Х	
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	X	
b	If "Yes," enter the name of the foreign country: ▶ BERMUDA			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.5
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b			
ם 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Cross in some from morphore and basebalders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indeer tapping convices during the tay year?	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
IJ	100, had it filed a form 120 to report those payments: If two, provide all explanation in ochequie O	. 70		

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Form **990** (2013)

STAMFORD HEALTH SYSTEM, INC.

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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 <u>1a</u> 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 Lib 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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	Х	
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	Х	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_CT,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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 of the conflict of interest of the conflict of the conflic	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	Organization: ▶ KEVIN GAGE, TREASURER 30 SHELBURNE RD, PO BOX 9317 STAMFORD, CT 06902 203-276-1000			

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Form **990** (2013)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

						•				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than control Highest compensated employee	an tee)	(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
(1)DR. RODRIGO ACOSTA	2.00									
PHYSICIAN	38.00	X							441,145.	10,244.
(2)DAVID JAHNS	2.00								111/113.	
DIRECTOR	2.00	Х							0	(
(3)BRIAN GRISSLER	2.00									
PRESIDENT AND CEO	38.00	Х		Х					2,334,937.	34,175.
(4)DR. ARTHUR KLEIN	2.00									
DIRECTOR	2.00	Х							0	(
(5)DR. CHARLES MINER	2.00									
DIRECTOR	2.00	Х							53,327.	1,475.
(6)DR. NEIL DREYER	2.00									
DIRECTOR	2.00	Х						C	0	(
(7)ANDREW MERRILL	2.00									
DIRECTOR	2.00	Х						C	0	(
(8)CHARLES KRAUSE, III	2.00									
DIRECTOR	2.00	X						C	0	(
_(9)EDWIN_FORD	2.00									
CHAIRMAN	2.00	X						C	0	(
(10)ERNEST N. ABATE	2.00									
DIRECTOR	2.00	Х						C	0	(
(11)JAY HIGHAM	2.00									
DIRECTOR	2.00	Х						(0	(
(12)MICHAEL FEDELE	2.00									
DIRECTOR	2.00	X						C	0	(
(13)AMY C. DOWNER	2.00									
DIRECTOR	2.00	Х						C	0	
(14)MARYANN KELLER-CHAI	2.00								_	
DIRECTOR	2.00	X						(0	[(000 (0040)

Form **990** (2013)

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Form 990 (2013) Page

(A) Name and title) DARRYL MCCORMICK ASSISTANT SECRETARY) DAVID SMITH		Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than o is both or/trust employ	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am com	(F) stimated nount of other pensatio	
ASSISTANT SECRETARY			ual trustee ctor	tional tn	,	ᅵᇴ			(W-2/1099-MISC)	1		om the anizatior	
ASSISTANT SECRETARY				ustee		loyee	Highest compensated employee	r				d related anization	3
) DAVID SMITH		2.00 38.00			Х				0	627,318.		9,4	45
ASSISTANT SECRETARY		2.00 38.00			Х				0	731,627.		36,7	34
) KEVIN GAGE TREASURER		2.00 38.00			Х				0	969,683.		38,7	02
) KATHLEEN SILARD ASSISTANT SECRETARY		2.00			Х				0	1,246,390.		48,3	 34
) PATRICK COLANGELO FORMER CFO AND TREASUR	 ER	0						Х	113,898.	0			
) PHILIP CUSANO FORMER PRESIDENT AND C	EO	0						Х	390,919.	0			
) RONALD TURNBULL FORMER COO		0						Х	126,401.	0			
b Sub-total									0	2,829,409.		45,8	 9.4
c Total from continuation sheets t d Total (add lines 1b and 1c)	o Part VII, S	ection A					 	*	631,218. 631,218.	3,575,018.	1	33,2	15
Total number of individuals (included reportable compensation from the	•		hose		d a	bove	e) who	re	ceived more than	\$100,000 of			
Did the organization list any employee on line 1a? If "Yes," con											3	Yes	No
For any individual listed on line organization and related organindividual	1a, is the s	sum of repeater than	ortab \$15	ole o 50,0	com 00?	pen If	satior "Yes	າ ar ເ <i>," ເ</i>	nd other compens	sation from the le J for such	4	Х	
Did any person listed on line 1a for services rendered to the organ	a receive or	accrue co	mpen	sati	on i	fron	n any	uni	related organization	on or individual	5	11	Х

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
NONE			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Form **990** (2013)

Page 9

Part VIII	Statement	of	Revenue
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Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues С Fundraising events Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 75.822 Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 75,822 Program Service Revenue **Business Code** 532000 RENTAL ACTIVITY 2,172,640. 2,172,640 b All other program service revenue 2,172,640 Investment income (including dividends, interest, and other similar amounts)........ 1,615,742. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . d Net rental income or (loss) . . (ii) Other (i) Securities Gross amount from sales of 81,353,649. assets other than inventory **b** Less: cost or other basis 80,932,878. and sales expenses . . . 420,771. c Gain or (loss) 420,771 420,771. Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses **b** c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** ALL OTHER INCOME 900099 123 123. 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 5,032,267 2,172,640 747,169. 2,036,636.

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										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21	0									
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	0									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors,										
	trustees, and key employees	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)	621 010		621 010							
	Other salaries and wages	631,218.		631,218.							
8	Pension plan accruals and contributions (include section	17/ 750		17/ 750							
	401(k) and 403(b) employer contributions)	174,758.		174,758.							
9	Other employee benefits	0									
10	Payroll taxes	0									
	Fees for services (non-employees):	45,958.	45,958.								
	Management	45,556.	45,550.								
	Legal	83,173.		83,173.							
	Accounting	0 0		0371731							
	Lobbying Professional fundraising services. See Part IV, line 17	0									
	Investment management fees	0									
	Other. (If line 11g amount exceeds 10% of line 25, column	-									
9	(A) amount, list line 11g expenses on Schedule O.).	225,723.	225,723.								
12	Advertising and promotion	0	·								
13	Office expenses	49,818.	24,988.	24,830.							
14	Information technology	7,305.	7,305.								
15	Royalties	0									
16	Occupancy	1,587,873.	1,587,873.								
17	Travel	0									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	0									
	Interest	164,347.	164,347.								
	Payments to affiliates	0	E4.4.0.45								
	Depreciation, depletion, and amortization	514,347.	514,347.								
	Insurance	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.)										
_		313,617.		313,617.							
-	TAXES-STATE/FED_INCOME ADMINISTRATIVE OVERHEAD	193,986.		193,986.							
	MISCELLANEOUS EXPENSES	183,192.	183,192.	173,700.							
		100,100	100,102.								
	All other expenses										
	Total functional expenses. Add lines 1 through 24e	4,175,315.	2,753,733.	1,421,582.							
	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										
	following SOP 98-2 (ASC 958-720)	0									

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Form **990** (2013)

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Form 990 (2013) Page **11**

Part X Balance Sheet

_		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
		·		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			4,931,973.	2	5,725,284.
	3	Pledges and grants receivable, net			74,179.	3	0
	4	Accounts receivable, net			61,969.	4	497,425.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompe	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary	0		0
ts	_	organizations (see instructions). Complete Part II of Sche	0	7	0		
Assets	7	Notes and loans receivable, net			0		0
Ä	8	Inventories for sale or use Prepaid expenses and deferred charges			142,393.	9	63,487.
	-	Land, buildings, and equipment: cost or			112,373.	9	03,107.
	104		10a	23,093,849.			
	b	Less: accumulated depreciation	8,151,139.	10c	7,404,837.		
	11	Investments - publicly traded securities			120,860,978.		124,966,028.
	12	Investments - other securities. See Part IV, line 11			31,395,267.		33,102,671.
	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		13,856,643.		11,092,985.	
_	16	Total assets. Add lines 1 through 15 (must equal			179,474,541.		182,852,717.
	17	Accounts payable and accrued expenses		380,440.		212,303.	
	18	Grants payable	0		0		
	19	Deferred revenue		91,160.		99,647.	
	20	Tax-exempt bond liabilities			0		0
Liabilities	21	Escrow or custodial account liability. Complete Pa			0	21	0
Þi∐	22	Loans and other payables to current and for					
Lia		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0	23	0
	24	Unsecured notes and loans payable to unrelated			5,340,000.		5,120,000.
	25	Other liabilities (including federal income tax,			27227222		3,220,0000
		parties, and other liabilities not included on lines					
		of Schedule D			12,891,516.	25	14,279,575.
	26	Total liabilities. Add lines 17 through 25			18,703,116.	26	19,711,525.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	chec 34.	k here X and			
anc	27	Unrestricted net assets			158,363,930.	27	160,733,698.
Bal	28	Temporarily restricted net assets			2,361,009.	28	2,361,009.
pq	29	Permanently restricted net assets			46,486.	29	46,485.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
şţs	30	Capital stock or trust principal, or current funds _				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	ıipmeı	nt fund		31	
¥	32	Retained earnings, endowment, accumulated income	ome,	or other funds		32	
ž	33	Total net assets or fund balances			160,771,425.	33	163,141,192.
_	34	Total liabilities and net assets/fund balances			179,474,541.	34	182,852,717.

Form **990** (2013)

JSA 3E1053 1.000

578830 1274 PAGE 12

Form 990 (2013) Page **12**

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			32,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2			75,3				
3	Revenue less expenses. Subtract line 2 from line 1	3		856,952.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	160,771,425.					
5	Net unrealized gains (losses) on investments	5		3,552,731.					
6	Donated services and use of facilities	6		0					
7									
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain in Schedule O)								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))								
Part									
	Check if Schedule O contains a response or note to any line in this Part XII	• • •							
	A				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
20	Schedule O.			0-		X			
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-			2a					
	reviewed on a separate basis, consolidated basis, or both:	plied	OI						
_				2b	х				
b	Were the organization's financial statements audited by an independent accountant?			20	21				
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea o	n a						
	Separate basis								
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	: a b 4							
C	of the audit, review, or compilation of its financial statements and selection of an independent accour	_	,	2c	х				
	If the organization changed either its oversight process or selection process during the tax year, e								
	Schedule O.	λριαιι							
33	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in						
Ja	the Single Audit Act and OMB Circular A-133?	10111		3a		Х			
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		0	3b					

Form **990** (2013)

578830 1274 PAGE 13

SCHEDULE A (Form 990 or 990-EZ)

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.

201

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

ww.irs.gov/form990. Inspection

Employer identification number

Name o	f the organization							Emplo	yer iden	tificatio	on num	ber	
STAME	ORD HEALTH SYST	TEM, INC.							22-	-247	6636		
Part I	Reason for Pub	lic Charity Statu	s (All organizations mu	ıst cor	nplete	this pa	art.) Se	e instr	uctions	i.			
The org	<u>-</u>		cause it is: (For lines 1 th	_		-		-					
1	A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)					
2	A school described	d in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)									
3	A hospital or a coo	perative hospital s	ervice organization descr	ibed in	sectio	n 170(k)(1)(A)	(iii).					
4	A medical researd	h organization op	erated in conjunction w	ith a h	nospita	ıl descr	ibed in	sectio	n 170(k)(1)(<i>A</i>	۸)(iii).	Enter	the
	hospital's name, cit												
5	-		nefit of a college or univ	ersity	owned	l or ope	erated l	oy a go	vernme	ntal u	nit des	scribe	ed in
	section 170(b)(1)(<i>l</i>												
6	=	_	or governmental unit des										
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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	=			-									
9	-	=	es: (1) more than 331/3%									_	
	·		exempt functions - sub	-									
			ome and unrelated busi						n 511	tax) f	rom b	usine	sses
	7		ne 30, 1975. See section	-									
10	-	-	ted exclusively to test for	•	-				-				
11 X	_	-	rated exclusively for the			-						-	
			ipported organizations de					-				e se c	ction
	<u> </u>		es the type of supporting	•						•		40000	404
•	a X Type I		c Type III-Functio	-	-				I-Non-fu		-	-	
e			e organization is not con			-	_	-				-	
		=	other than one or more	publici	y Supp	orteu o	ryaniza	itions d	escribe	u III S	ection	509(a)(1)
	or section 509(a)(2	,	n determination from th	o IDC	that it	io o T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ī, ma II	or Tun		upport	tina	
f	_			ie ins	liial il	15 a 1	ype i, i	ype II,	от тур	e III 5	ирроп	ing	
a			nization accepted any gif	t or co	ntributi	ion from		tho				!	
g	following persons?	.000, rias trie orga	mzation accepted any gir	t or co	IIIIDUI	1011 11011	i ally Oi	uie					
		directly or indirec	tly controls, either alone	or tog	othar v	with no	reone d	ascriba	d in (ii)	and		Yes	No
			the supported organizati								11g(i)		Х
			acribadia (i) abayan								11g(ii)		X
			son described in (i) or (ii) a								11g(iii)	_	X
h			ut the supported organiz		٠						9()		Δ.
	Name of supported	(ii) EIN	(iii) Type of organization	T	ls the	(v) Did v	ou notify	(vi)	s the	(vii) A	mount o	of mon	otany
(1)	organization	(11) 2.11	(described on lines 1-9	organi	zation in	the orga	anization	organia	zation in	(*, /	suppo		ciary
			above or IRC section (see instructions)	your g	listed in overning		of your oort?		rganized U.S.?				
			(ooo mon donono))	Yes	Ment?	Yes	No	Yes	No				
				1.00		1.00		1.55					
(A) _{ATT}	ACHMENT 1												
	110111111111111111111111111111111111111												
(B)													
(C)													
(D)													
(E)													
(E)													
Total													

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2012 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (e) 2013 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 **Total support.** Add lines 7 through 10 . . 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) % % 16a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check

b 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

JSA

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578830 1274 PAGE 15 Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	,		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	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						
^	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
_	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6			- /			
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
-	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	fifth tax vear a	s a section 5017	c)(3)
	organization, check this box and stop here .	ŭ			•	`	^` ′
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2013 (line 8,			nn (f))		15	%
16	Public support percentage from 2012 Sche					16	<u> </u>
	tion D. Computation of Investmen						,,,
<u> 17</u>	Investment income percentage for 2013 (lir			3. column (f))		17	%
18	Investment income percentage from 2012 S					18	
	331/3% support tests - 2013. If the org						
134	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2012. If the orga	-	-				
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		-	•			
				,	,		

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013

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

				ATTACE	HMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (DRGANIZATIO	NS	=======================================		
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
THE STAMFORD HOSPITAL	06-0646917	03	Х			0
TOTAL AMOUNT OF SUPPORT						0

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

	AMFORD HEALTH SYSTEM, INC.	22-2476636
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1		(a) - 11111 1111 31111 40004110
2	Total number at end of year	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	donor odvisod
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
_	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun-	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Pa	conferring impermissible private benefit?	
1 1	Purpose(s) of conservation easements held by the organization (check all that apply).	in 990, Part IV, line 7.
•		of an historically important land area
		of an historically important land area
		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 Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С.	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 termin	ated 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, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring.	- 1 1 1 1
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	sements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	nts during the year
_	> \$: 470(L)(A)(D)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	
_	(i) and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financ organization's accounting for conservation easements.	iai statements that describes the
Pai	organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assots
ı a	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	- Ollilliai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that des	cation, or research in furtherance of
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r	
b	works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide the following amounts relating to these items:	cation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1	 ▶ \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2013 Page **2**

Par	t Organizations Maintaining Co	llections of	Art,	Historical T	reasur	es,	or Oth	ner Similar Ass	ets (co	ntinu	ed)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and o	ther re	ecords, chec	k any c	of the	follow	ring that are a sig	ınificant	use (of its
а	Public exhibition		d	Loan	or exch	ange	progran	ms			
b	Scholarly research		е								
С	Preservation for future generations										
4	Provide a description of the organization	n's collections	and e	explain how	thev fu	ther	the ord	ganization's exemi	ot purpo	se in	Part
	XIII.							g			
5	During the year, did the organization solic	it or receive d	onatio	ns of art. hist	orical tr	easu	res. or o	other similar			
	assets to be sold to raise funds rather than								Yes		No
Par	t IV Escrow and Custodial Arrange			•							
	or reported an amount on Form								,	,	,
	-	•	,								
1a	Is the organization an agent, trustee, custo	odian or other	intern	nediary for co	ontributi	ons c	or other	assets not			
									Yes		No
b	included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table:										
	33, 3 3 3 3 3 3 3 3 3			3				Amount			
С	Beginning balance					10					
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount o								Yes		No
b	If "Yes," explain the arrangement in Part X	III. Check her	e if the	explanation	has be	en pr	ovided	in Part XIII			┤
	t V Endowment Funds. Complete										
		Current year		Prior year	1		s back	(d) Three years back		r years	back
1a	Beginning of year balance		``	· · · · · · · · · · · · · · · · · · ·	1,7			,,,,,,			
	Contributions										
	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the o	urrent vear er	nd hala	ance (line 1a	column	(a))	held as				
a	Board designated or quasi-endowment		%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COIGITII	. (α))	noia ao	•			
b		~	-								
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and $\overline{2c}$ s	nould equal 10	00%.								
3a	Are there endowment funds not in the po-	•		nization that	are hel	d and	d admir	nistered for the			
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of		•		-						
Par	t VI Land, Buildings, and Equipmen	t.									
	Complete if the organization are	nswered "Yes	s" to F				11a. Se				
	Description of property	(a) Cost or (invest)			or other ba other)	asis		cumulated eciation	(d) Book v	alue	
1a	Land	,			36,57	79.	асрі	o station i	1.0	36.	579.
	Buildings				757,34		10.4	20,255.			094.
	Leasehold improvements				341,88			16,736.			150.
	Equipment				158,03			52,021.			014.
	Other					+	3,0	,		201	
	I. Add lines 1a through 1e. (Column (d) mu		990. F	Part X, columi	n (B). lir	ne 10	(c).)		7.4	04.8	837.

Schedule D (Form 990) 2013

578830 1274 PAGE 19

	STAMFORD HEALT	H SYSTEM, INC.	22-2	2476636
	Form 990) 2013			Page 5
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financi	al derivatives			
(2) Closely	v-held equity interests			
(3) Other_				
	ERNATIVE INVESTMENTS OTHER	30,791,563.	FMV	
	' INV PRIVATE MUTUAL FUNDS	2,311,108.	FMV	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		22 100 (81		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	33,102,671.		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11d. See Form 990,	Part X, line 15.
	(a)	Description		(b) Book value
	FROM AFFILIATES			6,266,774
	STMENT IN WILTON SURGICAL			3,977,021
_(3) INVE	STMENT IN TULLY UCC			454,579
	REST RECEIVABLE			242,196
_(5) INVE	STMENT IN PATHOLOGY LLC			54,935
_(6) INVE	STMENT IN MILLER HALL			48,829
_(7) RENT	DEPOSITS			19,900
_ ` '	RRED FINANCING FEES			28,751
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u> </u>	11,092,985
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990,	Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Description of liability	(b) Book value	e	
	• • • • • • • • • • • • • • • • • • • •	(.,		

1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) PENSION LIABILITIES	14,235,093.		
(3) TENANT SECURITY DEPOSITS	44,482.		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,279,575.		

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 JSA 3E1270 1.000 578830 1274

Schedule D (Form 990) 2013 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
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:	-	
а	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	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	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
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:		
	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C .	Other losses 2c	-	
d	Other (Describe in Part XIII.) Add lines 32 through 3d		
_	Add lines Za tillough Zu	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (December in Bert VIII.)	-	
U	Other (Describe in Part XIII.)		
c		40	
с 5	Add lines 4a and 4b	4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	
5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5 art V, I	
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5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	
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5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	
5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	
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5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	
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5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	
5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	
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5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	
5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b	5 art V, I	

JSA 3E1271 1.000 Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2013

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

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

2013
Open to Public Inspection

22-2476636

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 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 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a Χ Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b Participate in, or receive payment from, an equity-based compensation arrangement? Χ 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a Χ **b** Any related organization? Χ If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Χ Any related organization? Х 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Χ Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe Χ If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2013

STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule J (Form 990) 2013

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
DR. RODRIGO ACOSTA	(i)	0	(0	0	0	C	0
1 PHYSICIAN	(ii)	320,590.	49,333.	71,222.	0	10,244.	451,389.	0
BRIAN GRISSLER	(i)	0	(0	0	0	C	0
2 PRESIDENT AND CEO	(ii)	967,192.	1,095,323.	272,422.	0	34,175.	2,369,112.	0
DARRYL MCCORMICK	(i)	0	(0	0	0	C	0
3 ASSISTANT SECRETARY	(ii)	390,427.	212,881.	24,010.	0	9,445.	636,763.	0
DAVID SMITH	(i)	0	(0	0	0	C	0
4 ASSISTANT SECRETARY	(ii)	411,987.	216,519.	103,121.	0	36,734.	768,361.	0
KEVIN GAGE	(i)	0	(0	0	0	C	0
5 TREASURER	(ii)	572,955.	304,643.	92,085.	11,753.	26,949.	1,008,385.	0
KATHLEEN SILARD	(i)	0	(0	0	0	C	0
6 ASSISTANT SECRETARY	(ii)	596,792.	320,427.	329,171.	11,600.	36,734.	1,294,724.	0
PATRICK COLANGELO	(i)	113,898.	(0	0	0	113,898.	0
7 FORMER CFO AND TREASURER	(ii)	0	(0	0	0	C	0
PHILIP CUSANO	(i)	390,919.	(0	0	0	390,919.	0
8 FORMER PRESIDENT AND CEO	(ii)	0	(0	0	0	C	0
RONALD TURNBULL	(i)	126,401.	(0	0	0	126,401.	0
9 FORMER COO	(ii)	0	(0	0	0	C	0
	(i)		L					L
10	(ii)							
	(i)		L					L
11	(ii)							
	(i)		L					L
12	(ii)							
	(i)		L					L
13	(ii)							
	(i)							
14	(ii)							
	(i)							L
_15	(ii)							
	(i)							L
16	(ii)							

Schedule J (Form 990) 2013

57883O 1274 PAGE 24

STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule J (Form 990) 2013

Part | Supplemental Information

Complete this part to 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.

SUPPLEMENTAL INFORMATION

SCHEDULE J, PART I, LINE 4B

SHS PROVIDES SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAMS TO THREE FORMER

OFFICERS.

PHILIP CUSANO, FORMER PRESIDENT AND CEO - \$390,919

PATRICK COLANGELO, FORMER CFO AND TREASURER - \$113,898

RONALD TRUNBULL, FORMER COO - \$126,401

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number 22-2476636

FORM 990, PART VI, LINE 11B

THE STAMFORD HEALTH SYSTEM (SHS) HAS A COMPREHENSIVE REVIEW PROCESS IN PLACE RELATING TO THE REVIEW OF FORM 990. PRIOR TO FINALIZATION OF THE 990, MANAGEMENT PRESENTS THE DRAFT FORM 990 TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. THE HEALTH SYSTEM'S EXTERNAL TAX ACCOUNTANTS 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.

FORM 990, PART VI, LINE 12C

IT IS THE POLICY OF SHS TO PROHIBIT ITS EMPLOYEES AND OTHER ASSOCIATES
FROM ENGAGING IN ANY ACTIVITY, PRACTICE, OR ACT WHICH CONFLICTS WITH, OR
APPEARS TO CONFLICT WITH, THE INTERESTS OF SHS, OR ITS PATIENTS.

EMPLOYEES ARE EXPECTED TO CONDUCT THE BUSINESS OF THE HEALTH SYSTEM TO
THE BEST OF THEIR ABILITY AND FOR THE BENEFIT OF THE HEALTH SYSTEM AND
ITS PATIENTS. THE POLICY ALSO REQUIRES BOARD MEMBERS, OFFICERS, 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 MONITORED BY THE HEALTH
SYSTEM'S COMPLIANCE DEPARTMENT.

FORM 990, PART VI, LINES 15A & 15B

SHS DOES NOT HAVE ANY EMPLOYEES. THE EMPLOYEES OF THE WHOLLY OWNED

SUBSIDIARY THE STAMFORD HOSPITAL PERFORM THE DAILY OPERATIONS OF SHS. IT

IS THE POLICY OF THE STAMFORD HOSPITAL TO PAY EMPLOYEES FAIR AND

COMPETITIVE WAGES. THE HOSPITAL HAS ADOPTED A WAGE AND SALARY PROGRAM TO

ENSURE THAT ALL EMPLOYEES ARE PAID IN RELATION TO THE VALUE OF THE WORK

THEY PERFORM. THIS PROGRAM IS REVIEWED ANNUALLY. EXECUTIVE COMPENSATION

IS SUBJECT TO A MORE COMPREHENSIVE REVIEW, INCLUDING AN ANNUAL

BENCHMARKING ANALYSIS AND BOARD-LEVEL APPROVAL PROCESS.

FORM 990, PART VI, LINE 19

SHS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

EQUITY TRANSFER STAMFORD OB/GYN - (\$982,000)

PENSION RELATED CHARGES - (\$1,057,916)

TOTAL - (\$2,039,916)

22-2476636

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

See separate instructions.

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

OMB No. 1545-0047
2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number 22-2476636

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) MILLER HALL MEDICAL SUITES 06-1619978					
166 W BROAD STREET STAMFORD, CT 06902	PROF OFF BLDG	CT	1,385,909.	9,065,787.	SHS
(2) STAMFORD HOSPITAL TRUST, LLC 06-0646917					
30 SHELBURNE ROAD STAMFORD, CT 06902	PSHIP INVSTMT	CT	0	0	SHS
(3)	_				
(4)					
(5)					
<u></u>					

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)(1 controlled entity?		
							Yes	No	
(1) THE STAMFORD HOSPITAL	06-0646917								
30 SHELBURNE RD	STAMFORD, CT 06902	HOSPITAL	CT	501(C)(3)	3	SHS	X		
(2) THE STAMFORD HOSPITAL FOUNDATION	22-2478748								
	STAMFORD, CT 06902	FUNDRAISING	CT	501(C)(3)	9	SHS	X		
(3) STAMFORD HEALTH INTEGRATED PRACTICES	27-1648289								
	STAMFORD, CT 06902	MEDICAL SVCS	CT	501(C)(3)	9	SHS	Х		
<u>(4)</u>									
<u>(5)</u>									
<u>(6)</u>									
_(7)									

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

Schedule R (Form 990) 2013

Part III	Identification of Relate because it had one or r						swered "Yes" (on Form 9	990, Part IV, li	ne 34
	(a)	(b)	(c)	(d)	(e) Predominant	(f)	(g)	(h)	(i) Code V-LIBI	(j)

(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) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	i) eral or aging ner?	(k) Percentage ownership
		,,		·			Yes	No		Yes	No	
(1) TULLY URG CARE CTR 47-1717848												
NORWALK, CT 06851	URGENT CARE	CT	SHS	RELATED	0	0		Х	0	Х		51.0000
_(2)												
<u>(3)</u>												
<u>(4)</u>												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) STAMFORD OB/GYN ASSOCIATES 06-1330879								
30 SHELBURNE RD STAMFORD, CT 06902	OBSTETRICAL CARE	CT	SHS	C CORP	3,551,000.	68,461,000.	100.0000	х
(2) SOUTHWEST CONNECTICUT RADIOLOGY 45-3801216								1
30 SHELBURNE RD STAMFORD, CT 06902	RADIOLOGY	CT	SHS	S CORP	-370,000.	213,000.	100.0000	х
(3) HEALTHSTAR INDEMNITY CO LIMITED								1
F.B. PERRY BUILDING, 40 CHURCH ST HAMILTON, BERMUDA BD	SELF-INSURANCE	BD	TSH	C CORP	-3,000.	322,000.	100.0000	x
(4)								
(5)								
								1
(6)								
								ı
(7)								
								ı l

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Schedule R (Form 990) 2013

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b		1b		Х
С		1c		Х
d		1d	Х	
е		1e		Х
f	Dividends from related organization(s)	1f		Х
g		1g		X
h		1h		X
i	Exchange of assets with related organization(s)	1i		Х
j		1j	Х	
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m		1m		Х
n		1n		X
0	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	\neg	Х
a a		1g	Х	
•		•		
r	Other transfer of cash or property to related organization(s)	1r	х	
s		1s	Х	
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 thresh	holds		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE STAMFORD HOSPITAL	J	128,413.	BOOK VALUE
(2)	SOUTHWEST CONNECTICUT RADIOLOGY	R	1,200,000.	CASH VALUE
<u>(3)</u>	STAMFORD HEALTH INTEGRATED PRACTICES, INC.	J	468,920.	BOOK VALUE
<u>(4)</u>	THE STAMFORD HOSPITAL	S	927,402.	BOOK VALUE
<u>(5)</u>	THE STAMFORD HOSPITAL	Q	965,439.	BOOK VALUE

JSA 3E1309 1.000

STAMFORD OB/GYN

Schedule R (Form 990) 2013

BOOK VALUE

982,000.

578830 1274 PAGE 30

R

Sched	dule R (Form 990) 2013					Pa	ge 3
Pa	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				١	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations list	ed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)			L	1c		
d	Loans or loan guarantees to or for related organization(s)			L	1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)			L	1g		
h	Purchase of assets from related organization(s)			L	1h		
i	Exchange of assets with related organization(s)				1i	_	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
_							
k	Lease of facilities, equipment, or other assets from related organization(s)			· · · · ·	1k	-+	—
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	-+	—
m	Performance of services or membership or fundraising solicitations by related organization(s)				1 m	-	—
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			· · · · · ·	1n 1o		—
0	Sharing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		
a	Reimbursement paid by related organization(s) for expenses			• • • • •	1q		
ч	Normbursoment paid by related erganization(e) for expenses				-4		
r	Other transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the				olds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amount]
<u>(1)</u>	MILLER HALL MEDICAL SUITES	D	240,000.	BOOK VA	ALUE	!	
(2)	THE STAMFORD HOSPITAL	D	154,000.	BOOK VA	ALUE	1	
(3)							
(4)							
1.7							

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(5)

(6)

Schedule R (Form 990) 2013

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	(a) (b) address, and EIN of entity Primary activity		(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(1011111000)	Yes	No		
1)														
2)														
3)														
4)														
5)														
6)														
7)														
8)														
9)														
0)														
1)														
2)														
3)														
4)														
5)														
6)														

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Schedule R (Form 990) 2013

578830 1274 PAGE 32

Schedule R (Form 990) 2013 Page 5

Part VII Supplemental Information

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