		empt Organization) and proxy ta:		der section 6033((e)) //\\\	9 1	OMB No 1545-0047
	For cale	ndar year 2019 or other tax year begli	nning _	10/01 , 2019, and end	ing 09/30	<u>20</u> .	2019
epartment of the Treasury	ŀ	► Go to www.irs gov/Form990)T for ı	nstructions and the latest	information.	l.	us Open to Bubba leanest to
itemal Revenue Service	▶ Do	not enter SSN numbers on this form	_				Open to Public Inspection for 501(c)(3) Organizations Only
Check box if address changed		Name of organization (Check b	ox if na	me changed and see instruction	ns)		yer identification number yees' trust, see instructions)
Exempt under section	1	THE STAMFORD HOSPIT	'AL				
X 501(C 10 3)	Print	Number, street, and room or suite no		box, see instructions		06-06	346917
408(e) 220(e)) Type			,			ited business activity code
408A 530(a)	. Abe	ONE HOSPITAL PLAZA,	PO	BOX 9317		(See in:	structions)
529(a)		City or town, state or province, count	ry, and 7	ZIP or foreign postal code			
Book value of all assets		STAMFORD, CT 06904				62150	00
at end of year		up exemption number (See instruc					
1190337389.	G Che	ck organization type ▶ X 50°	1(c) co	rporation 501(c	;) trust	401(a)	trust Other tru
		nization's unrelated trades or busine	esses	▶ 4	Describe	the only	(or first) unrelated
trade or business her	re ▶REF	ERENCE LAB SERVICES		If only one,	complete Parts I	V If more	than one, describe the
first in the blank spa	ace at the	end of the previous sentence, co	mplete	Parts I and II, complete a S	Schedule M for each	ch addition	al
trade or business, th	en comple	ete Parts III-V					
During the tax year,	was the	corporation a subsidiary in an affil	liated g	• •	controlled group?		▶ X Yes 1
		identifying number of the parent co	rporati				
		CHAEL VEILLETTE			ne number ▶ 20	3-276-	1000
		or Business Income		(A) Income	(B) Expen		(C) Net
1a Gross receipts or s	sales	2,911,492.		2 211 402	The state of the s	Portugation	
b Less returns and allowa		c Balance		2,911,492.			
		ule A, line 7)	2	2 011 402	The state of the s		2 011 40
·		2 from line 1c	3	2,911,492.	San Luck Fred Se	*********	2,911,49
		ttach Schedule D)	4a		· John State Control	7041 (14)	<u> </u>
		Part II, line 17) (attach Form 4797)			A CONTRACTOR		
·		rusts	4c		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		an S corporation (attach statement)			克尔安 经国际	S 4550 V	
•							
		come (Schedule E)	7	/			
•		nts from a controlled organization (Schedule F	100 m				<u></u>
		(c)(7), (9), or (17) organization (Schedule G)		·	-		
	•	ncome (Schedule I)	10				
		ule J)	11		N. 11. NAME OF 17.7	3 - 3° - 3	
•		tions, attach schedule)	12	2,911,492.	B - 7 28 A 2 3 2 4 7 7 2	A 46 2 27.0	2,911,492
3 Total. Combine lin	nes 3 thro	ough 12	13		toductions) (F)odustio	
		ne unrelated business incom		ons for illinications on c	ieductions) (L	reductio	ins must be unectly
		directors, and rustees recreately				. 14	
		mestors, and the same segue of					559,032
	/	, 4	-[정[40,217
5 Salaries and wage	tenance		.101				
Salaries and wageRepairs and main		1991 - Allia 9.3 7071	171			1 17	
Salaries and wageRepairs and mainBad debts	. [S AUG 23 2021	.1521			17	
Salaries and wage Repairs and main Bad debts	 chedule) (See Instructions).	그뜨			. 18	143,978
Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license	chedule) (See Instructions)OGDEN. UT	기또			. 18	143,978
5 Salaries and wage 6 Repairs and main 7 Bad debts 8 Interest (attach so 9 Taxes and licenses 0 Depreciation (atta	chedule) (s ach Form	see instructions). OGDEN, UT	 ⊓≅	20		. 18	
5 Salaries and wage 6 Repairs and main 7 Bad debts 8 Interest (attach si 9 Taxes and licenses 0 Depreciation (attach 1 Less depreciation	chedule) (s ach Form	see instructions). OGDEN, UT. 4562). on Schedule A and elsewhere on re	eturn	20 21a	80,293	. 18 . 19 	
Salaries and wage Repairs and main Bad debts Interest (attach si Taxes and licenses Depreciation (atta	chedule) (is ach Form	see instructions). OGDEN, UT 4562). on Schedule A and elsewhere on re	eturn	20 21a	80,293	. 18 . 19 	
Salaries and wage Repairs and main Bad debts Interest (attach si Taxes and licenses Depreciation (atta	chedule) (is ach Form claimed	see Instructions). See Instructions). OGDEN, UT (4562). On Schedule A and elsewhere on recompensation plans	eturn	20 21a	80,293	. 18 . 19 . 21b . 22 . 23	80,29
Salaries and wage Repairs and main Bad debts Interest (attach si Taxes and licenses Depreciation (atta	ach Form n claimed deferred c	see instructions). SOGDEN, UT. 4562). on Schedule A and elsewhere on recompensation plans	eturn	20 21a	80,293	. 18 . 19 . 21b . 22 . 23 . 24	80,29
5 Salaries and wage 6 Repairs and main 7 Bad debts 8 Interest (attach si 9 Taxes and licenses 0 Depreciation (attach 1 Less depreciation	chedule) (is ach Form a claimed deferred of programs openses (S	see instructions). Some of the control of the contr	eturn	20 21a	80,293	. 18 . 19 . 21b . 22 . 23 . 24 . 25	80,293
Salaries and wage Repairs and main Bad debts Interest (attach si Taxes and licenses Depreciation (atta	chedule) (is ach Form or claimed deferred or programs openses (Soprosts (Sop	see instructions). OGDEN, UT. 4562). on Schedule A and elsewhere on recompensation plans Schedule I).	eturn	20 21a	80,293	21b 22 23 24 25	123,893
Salaries and wage Repairs and main Repairs and main Rad debts Interest (attach si Depreciation fatta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions	chedule) (s ach Form n claimed deferred co programs quenses (S o costs (So (attach so	see instructions). See instructions). OGDEN, UT. 4562). on Schedule A and elsewhere on recompensation plans Schedule I). chedule J).	eturn	20 21a	80,293 	21b 21b 22 23 24 25 26	123,893
Salaries and wage Repairs and main Repairs and main Rad debts Interest (attach si Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Other deductions Calaries and licenses	chedule) (s ach Form n claimed deferred c programs spenses (S o costs (So (attach so	see instructions). OGDEN, UT. 4562). on Schedule A and elsewhere on recompensation plans Schedule I).	eturn	20 21a	80,293	21b 21b 22 23 24 25 26 27	123,893 1,374,816 2,322,229
5 Salaries and wage 6 Repairs and main 7 Bad debts 8 Interest (attach si 9 Taxes and license 10 Depreciation (atta 11 Less depreciation 12 Depletion 13 Contributions to d 14 Employee benefit 15 Excess exempt ex 16 Excess readership 17 Other deductions 18 Unrelated busines	chedule) (s ach Form a claimed deferred of programs spenses (S o costs (So (attach so Add lines	see instructions). See instructions). OGDEN, UT. 4562). on Schedule A and elsewhere on recompensation plans Schedule I). chedule J). chedule) s 14 through 27.	eturn	20 21a deduction. Subtract line	80,293 ATCH. 2.	21b 21b 22 23 24 25 26 27 28	123,893 1,374,816 2,322,229
5 Salaries and wage 6 Repairs and main 7 Bad debts 8 Interest (attach si 9 Taxes and license 10 Depreciation (atta 11 Less depreciation 12 Depletion 13 Contributions to d 14 Employee benefit 15 Excess exempt ex 16 Excess readership 17 Other deductions 18 Other deductions 18 Unrelated busines 10 Deduction for net	chedule) (s ach Form a claimed deferred of programs spenses (S o costs (So (attach so Add lines ess taxabl t operating	see instructions). See instructions). OGDEN, UT. 4562). on Schedule A and elsewhere on recompensation plans Schedule I). chedule J). chedule) s 14 through 27. le income before net operating g loss arising in tax years beginning.	eturn loss	deduction. Subtract line or after January 1, 2018 (see	80, 293 ATCH. 2. 28 from line 1	21b 21b 22 23 24 25 26 27 28	143,978 80,293 123,893 1,374,816 2,322,229 589,263
5 Salaries and wage 6 Repairs and main 7 Bad debts 8 Interest (attach si 9 Taxes and license 10 Depreciation (attach 11 Less depreciation 12 Depletion 13 Contributions to d 14 Employee benefit 15 Excess exempt ex 16 Excess readership 17 Other deductions 18 Total deductions 18 Unrelated busines 10 Deduction for net 11 Unrelated busines	chedule) (s ach Form a claimed deferred of programs spenses (So o costs (So o (attach so attach so ass taxable t operating ss taxable	see instructions). See instructions). OGDEN, UT. 4562). on Schedule A and elsewhere on recompensation plans Schedule I). chedule J). chedule). s 14 through 27. e income before net operating	eturn loss	deduction. Subtract line or after January 1, 2018 (see	80, 293 ATCH. 2. 28 from line 1	21b 22c 23 24 25 26 27 28 3	123,893 1,374,816 2,322,229 589,263
5 Salaries and wage 6 Repairs and main 7 Bad debts 8 Interest (attach si 9 Taxes and license 10 Depreciation (attach 11 Less depreciation 12 Depletion 13 Contributions to d 14 Employee benefit 15 Excess exempt ex 16 Excess readership 17 Other deductions 18 Total deductions 18 Unrelated busines 10 Deduction for net 11 Unrelated busines	chedule) (s ach Form a claimed deferred of programs spenses (So o costs (So o (attach so attach so ass taxable t operating ss taxable	see Instructions). See Instructions). OGDEN, UT. 4562). on Schedule A and elsewhere on recompensation plans schedule I). chedule J). chedule). s 14 through 27. le income before net operating g loss arising in tax years beginning income. Subtract line 30 from line	eturn loss	deduction. Subtract line or after January 1, 2018 (see	80, 293 ATCH. 2. 28 from line 1	21b 22c 23 24 25 26 27 28 3	1,374,816 2,322,229 589,263

Form	, 990-T (20	119) , THE STAMFORD HOSPITAL	06-064	16917	Page 2	
		Total Unrelated Business Taxable Income				
_	\ 7	of unrelated business taxable income computed from all unrelated trades or businesses (see				
		ions)	32	740	,900.	
33		s paid for disallowed fringes	33			
34		ble contributions (see instructions for limitation rules)	34			
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
		the sum of lines 32 and 33	35	740	,900.	
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see		_		
-		ions)	36			
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	3.7	740	,900.	
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		,000.	
39	•	ed business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
••		e smaller of zero or line 37	39	739	9,900.	
Pa		Tax Computation				
40		ations Taxable as Corporations. Multiply line 39 by 21% (0 21)	46	155	379.	
41		Taxable at Trust Rates. See instructions for tax computation income tax on				
		ount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
42		ax. See instructions	42			
43		ive minimum tax (trusts only).	43			
44		Noncompliant Facility Income. See instructions	44			
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies		155	,379.	
Pa		Tax and Payments				
	7	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		****		
b	-	redits (see instructions)	ļ			
С		business credit Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)				
			46e			
47	Subtrac	t line 46e from line 45	\$ 7	155	,379.	
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)	49	155	,379. D	५५५४
50	2019 ne	t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Paymen	ts A 2018 overpayment credited to 2019	1			
b	2019 es	timated tax payments				
С	Tax dep	osited with Form 8868	ŀ			
	_	organizations Tax paid or withheld at source (see instructions)				
е		withholding (see instructions)				
f		or small employer health insurance premiums (attach Form 8941)				
g		edits, adjustments, and payments Form 2439				
		orm 4136 Other Total ▶ 51g	Λ. I	F00	000	
52		yments. Add lines 51a through 51g	52	500	,000.	
53		ed tax penalty (see instructions) Check if Form 2220 is attached	53			
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	244		
55/	1 .	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		,621.	
56\		amount of line 55 you want Credited to 2020 estimated tax	56	344	,621.	
		Statements Regarding Certain Activities and Other Information (see instructions		hority Ye	s No	
57		time during the 2019 calendar year, did the organization have an interest in or a signature or financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		····, <u> </u>	3 110	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		i		
		Form 114,, Report of Foreign bank and Financial Accounts in 1es, enter the maine of the	ioreign co	Juliu y	x	
E 0	here ►	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	nn truet?		T X	
58			giruust .		+	
59		see instructions for other forms the organization may have to file e amount of tax-exempt interest received or accrued during the tax year \$\$\$				
-33	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bi-	est of my kn	owledge and l	belief, it is	
Sig	l tru	e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her				discuss this	return	
			y the IRS o the prec			
	. –	MMD Vines Houst 10 202 Chiffiand Office will	the prep	arer shown		
	Sı	gnature of officer Date Title with	the prepinstructions)?	parer shown	below	
Paic	Sı	gnature of officer Date Title with	the prepinstructions)?	arer shown	below No_	
Pre	Sı	Institute of officer Print/Type preparer's name NICOLE M SOKOLOWSKI Preparer's signature NICOLE M SOKOLOWSKI Preparer's signature NICOLE M SOKOLOWSKI	the preprint the p	X Yes PTIN	below No	

2 Gross income from or	3. Deductions directly connected with or allocable to debt-financed property				
property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
%:					
%					
%					
%					
	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
	allocable to debt-financed property 6. Column 4 divided by column 5 % %	2 Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) % % Enter here and on page 1, Part I, line 7, column (A)			

Form 990-T (2019)

Schedule F - Interest, Ann	iditios, recyditio		pt Controlled C			10110 (30	0 111011 401101	,		
1 Name of controlled organization	2 Employer identification number	761	et unrelated income s) (see instructions)	- 1	of specified included		t of column 4 that is led in the controlling zation's gross income		6. Deductions directly connected with income in column 5	
(1)				_		_				
(2)			<u> </u>							
(3)										
(4)	. <u> </u>			<u> </u>		<u>L</u>				
Nonexempt Controlled Organiz	zations				10 Do		0.000		4. Dodustions directly	
7. Taxable Income	8. Net unrelated (I .	9. Total of spec payments ma		includ	rt of column ed in the co ation's gros	ntrolling		Deductions directly nnected with income in column 10	
(1)										
(2)										
(3)	<u> </u>									
(4)						columns 5 a	 +		dd columns 6 and 11	
Totals	ncome of a Sec		2)(7), (9), or (1		Part I		mn (A) tructions)		ter here and on page 1, int I, line 8, column (B) 5. Total deductions	
1. Description of income	2. Amount o	f income	directly of (attach s	onnected			t-asides schedule)	4	and set-asides (col 3 plus col 4)	
(1)								\dashv		
(2)								-	<u>-</u>	
(4)								\dashv	<u></u>	
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Than Adver	tising Ir	come (s	ee instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	with or busines 2 minus of If a gain,	ated trade s (column olumn 3) compute	from act	s income vivity that nrelated s income	6. Expensi attributable column (e to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
2)										
(3)										
4)										
	Enter here and on page 1, Part I, fine 10, col (A)	Enter here ar page 1, Pai line 10, col	rtl,						Enter here and on page 1, Part II, line 25	
Totals ▶ Schedule J– Advertising In	come (see instr	uctions)			'					
Part I Income From Peri	iodicals Report	ed on a Co	nsolidated Ba	ısis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising c	1 2	oss) (col col 3) If ompute	5, Circ	ulation ome	6. Readersi costs	hip	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)									:	
2)				٠,٠					9.	
3)			. 2	•						
4)				'						
Totals (carry to Part II, line (5))										

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			•	3	<u> </u>	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶	<u></u>	···			,	

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

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

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-004

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning 10/01 , 2019, and ending 09/30 , 20 20

Go to www.irs.gov/Form990T for instructions and the latest information.
 Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

(A) Income

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

(C) Net

Name of the organization

THE STAMFORD HOSPITAL

Part I Unrelated Trade or Business Income

Employer identification number

06-0646917

(B) Expenses

Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ INVESTMENT ACTIVITY - ENDOWMENT

1 a	Gross receipts or sales	(1		٠.	
b	Less returns and allowances c Balance >	1c				
2	Cost of goods sold (Schedule A, line 7)	2		r		
3	Gross profit Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c		_		_
5	Income (loss) from a partnership or an S corporation (attach				•	
	statement) ATCH 4	5	29,791.			29,791.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12			•	
13	Total. Combine lines 3 through 12	13	29,791.			29,791.
	connected with the unrelated business income)					
14	Compensation of officers directors and trustees (Schedule K)				14	<u> </u>
14 15	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
	Salaries and wages				15 16	
15 16	Salaries and wages				15 16 17	
15 16 17	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions).				15 16 17 18	
15 16 17 18	Salaries and wages				15 16 17 18	
15 16 17 18 19	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions).		20		15 16 17 18	
15 16 17 18 19 20	Salaries and wages Repairs and maintenance Bad debts	eturn	20 21a		15 16 17 18 19	
15 16 17 18 19 20 21	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on reductions Depletion Contributions to deferred compensation plans		20 21a		15 16 17 18 19 21b 22 23	
15 16 17 18 19 20 21	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on reductions.		20 21a		15 16 17 18 19 21b 22 23	
15 16 17 18 19 20 21 22 23	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on reductions Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I)	eturn	20 21a		15 16 17 18 19 21b 22 23 24 25	
15 16 17 18 19 20 21 22 23 24	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on reductions Depletion Contributions to deferred compensation plans Employee benefit programs	eturn	20 21a		15 16 17 18 19 21b 22 23 24 25	
15 16 17 18 19 20 21 22 23 24 25	Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J). Other deductions (attach schedule)	• • • • • • • • • • • • • • • • • • •	20 21a		15 16 17 18 19 21b 22 23 24 25	
15 16 17 18 19 20 21 22 23 24 25 26	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27	eturn	20 21a		15 16 17 18 19 21b 22 23 24 25 26	
15 16 17 18 19 20 21 22 23 24 25 26 27	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on reductions Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating	eturn	20 21a deduction Subtract line	28 from line 13	15 16 17 18 19 21b 22 23 24 25 26 27	29,791.
15 16 17 18 19 20 21 22 23 24 25 26 27 28	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27	eturn	20 21a deduction Subtract line	28 from line 13	15 16 17 18 19 21b 22 23 24 25 26 27 28	29,791. 29,791.
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on reductions Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating	eturn	deduction Subtract line	28 from line 13	15 16 17 18 19 21b 22 23 24 25 26 27 28 29	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

THE STAMFORD HOSPITAL

For calendar year 2019 or other tax year beginning $\frac{10/01}{}$, 2019, and ending $\frac{09/30}{}$

► Go to www irs.gov/Form990T for instructions and the latest information.

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

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

Employer identification number

06-0646917

249,788.

Unrelated Business Activity Code (see instructions)▶ 532000

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Describe the unrelated trade or business ▶ RENTAL INCOME Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances 1c 2 Cost of goods sold (Schedule A, line 7)...... Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . Income (loss) from a partnership or an S corporation (attach 5 6 6 230,397 249,788. -19,391. Unrelated debt-financed income (Schedule E), . ATCH. 5. 7 Interest, annuities, royalties, and rents from a controlled 8 9 Investment income of a section 501(c)(7), (9), or (17)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

11

12

230,397.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15_	
16	Repairs and maintenance	1	
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-19,391.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	-	
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-19,391.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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-19,391.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning $\frac{10/01}{}$, 2019, and ending $\frac{}{}$ 09/30 , 20 20

► Go to www irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Internal Revenue Service Name of the organization

THE STAMFORD HOSPITAL

Employer identification number

06-0646917 Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ OTHER INCOME

Pai	t I Unrelated Trade or Business Income	е		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales				* m q		
b	Less returns and allowances	Balance 🕨	1c				
2	Cost of goods sold (Schedule A, line 7)		2				
3	Gross profit Subtract line 2 from line 1c		3	,			
4a	Capital gain net income (attach Schedule D)		4a		-		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	n 4797)	4b		•		
С	Capital loss deduction for trusts		4c				
5	Income (loss) from a partnership or an S corporation	n (attach					
	statement)		5				
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (Schedule E)		7				
8	Interest, annuities, royalties, and rents from a conti	olled					
	organization (Schedule F)		8				
9	Investment income of a section 501(c)(7), (9), or (1					-	
	organization (Schedule G)		9				
10	Exploited exempt activity income (Schedule I)		10				
11	Advertising income (Schedule J)		11				
12	Other income (See instructions, attach schedule) A		12	151,637.		• •	151,637.
13	Total. Combine lines 3 through 12		13	151,637.		•	151,637.
Par	connected with the unrelated business in	ncome)	-		· · · · · · · · · · · · · · · · · ·	nustb	e directly
14	Compensation of officers, directors, and trustees (S	chedule K)				14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	
17	Bad debts					17	<u></u>
18	Interest (attach schedule) (see instructions)					18	·
19	Taxes and licenses				. .	19	
20	Depreciation (attach Form 4562)			20			
21	Less depreciation claimed on Schedule A and else	where on re	turn .	21a		21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs				. .	24	
25	Excess exempt expenses (Schedule I)				. .	25	
26	Excess readership costs (Schedule J)				. 	26	
27	Other deductions (attach schedule)					27	
28	Total deductions. Add lines 14 through 27					28	
29	Unrelated business taxable income before net					29	151,637.
30	Deduction for net operating loss arising in t	ax years	begini	ning on or after Januar	ry 1, 2018 (see	/_	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

509980 1274

NAME AND FEIN OF PARENT CORPORATION

STAMFORD HEALTH, INC. 22-2476636

FORM	990T	-	PART	ΙI	_	LINE	27	_	\mathtt{TOTAL}	OTHER	DEDUCTIONS	

OTHER COSTS	819,730.
CENTRAL SERVICES	65,414.
OPERATION OF PLANT	3,483.
HOUSEKEEPING	9,943.
CAFETERIA	13,779.
OVERHEAD	412,627.
PHARMACY	2,999.
MEDICAL RECORDS	46,841.

PART II - LINE 27 - OTHER DEDUCTIONS 1,374,816.

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	æ	ALLOCABLE	DEDUCTIONS	6 * (3A + 3B)
	7.	GROSS INCOME	REPORTABLE	(2 × 6)
		. 6	8 4 IS	OF 5
	ĸ	AVERAGE	ADJUSTED	BASIS
ATTACHMENT 3	4.	AVERAGE	ACQUISITION	DEBT
		٣	EDUCTIONS DIRECTLY CONNECTED	(3B)
			DEDUCTI	= (3A)
11			2	GROSS INCOME
SCHEDULE E - UNRELATED DEBT-FINANCED INCOME			1	DESCRIPTION OF DEBT-FINANCED PROPERTY

24 & 36 GROVE ST RENTAL PROPERTY

TOTALS

06-0646917

THE STAMFORD HOSPITAL

(

509980 1274

INVESTMENT ACTIVITY - ENDOWMENT

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

BOUNTY MINERALS, LLC	-7,372.
GARDINER TRUST, LLC	-101.
JWG, LLC	-6.
PINE PASTURE, LLC	-788.
PRIVATE EQUITY PARTNERS 2002 LP	2,564.
RIVERSTONE GLOBAL ENERGY & POWER FUND V CAYMAN, LP	-163.
RIVERSTONE GLOBAL ENERGY & POWER FUND V RW II, LP	9,250.
RIVERSTONE GLOBAL ENERGY & POWER FUND VI (MMS), LP	5,931.
RIVERSTONE GLOBAL ENERGY & POWER FUND VI CAYMAN LP	1,802.
RIVERSTONE GLOBAL ENERGY AND POWER FUND V FT, L.P	-3,902.
RIVERSTONE GLOBAL ENERGY AND POWER FUND VI, LP	24,036.
WATERFOWL, LLC	-1,460.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	29,791.

RENTAL INCOME

SCHEDULE M - SCHEDULE E UNRELATED DEBT-FINANCED INCOME

3. DEDUCTIONS DIRECTLY CONNECTED WITH OR ALLOCABLE TO DEBT-FINANCED PROPERTY (A) STRAIGHT LINE DEPR. (B) OTHER DEDUCTIONS 344,447.	8. ALLOCABLE DEDUCTIONS (COLUMN 6 × TOTAL OF COLUMNS 3(A) AND 3(B))	ENTER HERE AND ON PAGE 1, PART I, LINE 7, COLUMN (B) 249,788.
3. DEDUCTIONS DIRECTLY CONNECTED WITH OR ALLOCABLE TO DEBT-FINANCED PROPERTY (A) STRAIGHT LINE DEPR. (B) OTHER DEDI 344,447.	7. GROSS INCOME REPORTABLE (COLUMN 2 × COLUMN 6) 230,397.	ENTER HERE AND ON PAGE 1, PART I, LINE 7, COLUMN (A)
2. GROSS INCOME FROM OR ALLOCABLE TO DEBT- FINANCED PROPERTY 513,213.	6. COLUMN 4 DIVIDED BY COLUMN 5 .44893	
PERTY	5. AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT- FINANCED PROPERTY 5,858,382.	DEDUCTIONS INCLUDED IN COLUMN 8
1. DESCRIPTION OF DEBT-FINANCED PROPERTY 1 24 & 36 GROVE ST RENTAL PROPERTY	4. AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY 2,630,000.	TOTALS

THE STAMFORD HOSPITAL

ATTACHMENT 6

182,597.
-30,960.

SHOS INCOME

POINT72 INCOME

SCHEDULE M - OTHER INCOME

TOTAL

151,637.

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return

ldentifying number

THE STAMFORD HOSPITAL 06-0646917 Business or activity to which this form relates GENERAL DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions). 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately see instructions 6 (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29............ Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11... 12 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 . . . 13 Note. Don't use Part II or Part III below for listed property. Instead, use Part V Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 80,293 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property See instructions) 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (d) Recovery (b) Month and year (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in (business/investment use period only - see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs ММ S/L 27 5 yrs h Residential rental ММ 27 5 yrs S/I property ММ 39 yrs S/L Nonresidential real property ММ Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 30-year 30 yrs ММ S/L 40 yrs MM S/L d 40-year Part IV Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 80,293.

For	m 4562 (2019)	,	•										U	6-0646) AT \	Page 2
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			ny vehicle for wh s (a) through (c) o									lease	expens	e, com	olete o	nly 24a
	Section	on A -	Depreciation and	Other Info	rmatio	on (Caut	ion: S	ee the in	struct	ions for I	ımıts fo	r passe	enger a	utomobil	es)	
24:			e to support the bu					Yes X	$\overline{}$	24b If "					Yes	X No
_	(a)		(b)	(c)			<u> </u>	(e)		(f)	7	(g)	7	(h)	T	(1)
	Type of property (vehicles first)	list	Date placed in service	Business/ investment us percentage	se Cos	(d) t or other b		Basis for dapi business/invi use only	estment	Recovery period	Me	thod/ vention		reciation duction	Elected	section 179 ost
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26	Property use	a mor	e than 50% in a q			se										
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27	Property use	d 50%	or less in a quali	fied business	use											
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					%						S/L -				7	
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28	Add amounts	in col	lumn (h), lines 25	through 27	Enter	here ar	nd on	line 21 r	age 1		··	28	1		1	
			lumn (i), line 26 E										-/ -	. 29	†	
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moi	re than 5% owi	ners o	r related persons	See instruc	tions.								_		T	r
37	Do you main	itain a	written policy s	statement ti	nat pr	ohibits	all pe	rsonal u	se of	vehicles	, includ	ding co	mmutii	ng, by	Yes	No_
	your employe	es?,.														ļ
38	Do you main	itain a	written policy	statement t	hat pr	ohibits	perso	nal use	of ve	hicles, e	xcept o	ommu	ting, b	y your		
	employees?	See the	e instructions for	vehicles use	d by c	orporate	e office	ers, direc	tors, c	or 1% or i	more o	wners				
39	Do you treat	all use	of vehicles by em	ployees as	person	al use?										
40	Do you prov	ide m	ore than five ve	hicles to yo	our en	nployees	s, obt							ut the		,
	use of the veh	ncles,	and retain the infe	ormation red	ceived'	7										
41	Do you meet	the red	and retain the info quirements conce	rning gualifi	ed au	omobile	demo	onstratio	n use?	See inst	truction	 s				
-	Note: If your	answe	er to 37, 38, 39, 4	0. or 41 is '	Yes."	don't co	mplete	e Section	B for	the cove	red vel	ncles				
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	Descr	Description of costs			e amortization Amor		ortizabl	tizable amount		Code se	ction	period or		Amortization for this year		
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42	Amortization	COS	ts that begins dur	ing your 20'	e tax	year (se	e instr	ructions)								
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44	Total. Add ar	nount	s in column (f) Se	ee the instru	ctions	tor whe	re to r	report .				<u> </u>	44			
ISA														Fo	m 456	2 (2019)