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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2014

Prepared for	BRISTOL HOSPITAL, INC. BREWSTER RD. BRISTOL, CT 06011
Prepared by	CROWE HORWATH, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

BRISTOL HOSPITAL, INC.

06-0646559

Name and title of officer

GEORGE W. EIGHMY

VP & CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>143,559,628.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROWE HORWATH, LLP to enter my PIN 75666
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06560954566
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRISTOL HOSPITAL, INC.		D Employer identification number 06-0646559
	Doing Business As		E Telephone number 860-585-3000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	BREWSTER RD.		G Gross receipts \$ 143,559,628.
	City or town, state or province, country, and ZIP or foreign postal code BRISTOL, CT 06011		
F Name and address of principal officer: KURT BARWIS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.BRISTOLHOSPITAL.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1920** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE THE HEALTH AND WELL-BEING OF OUR COMMUNITY. WE WILL PROVIDE SAFE, QUALITY CARE AND	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 1389
	6 Total number of volunteers (estimate if necessary)	6 245
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 416,411.
b Net unrelated business taxable income from Form 990-T, line 34	7b -309,157.	

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	1,114,855.
9 Program service revenue (Part VIII, line 2g)	129,286,883.	140,125,869.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	288,256.	771,315.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,225,255.	1,276,399.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,915,249.	143,559,628.	

Expenses		Prior Year	Current Year
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	68,831,487.	73,574,368.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	60,872,187.	67,654,581.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	129,703,674.	141,228,949.	
19 Revenue less expenses. Subtract line 18 from line 12	2,211,575.	2,330,679.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	113,932,754.
21 Total liabilities (Part X, line 26)	87,460,483.	85,910,774.	
22 Net assets or fund balances. Subtract line 21 from line 20	26,472,271.	28,426,955.	

Part II Signature Block

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

Sign Here	Signature of officer		Date
	GEORGE W. EIGHMY, VP & CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	KRISTIN ANDERSON		
	Firm's name ▶ CROWE HORWATH, LLP	Firm's EIN ▶ 35-0921680	Check if self-employed <input type="checkbox"/>
	Firm's address ▶ 175 POWDER FOREST DRIVE SIMSBURY, CT 06089	Phone no. 860-678-9200	PTIN P01231300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: BRISTOL HOSPITAL AND HEALTH CARE GROUP IS COMMITTED TO ENHANCING THE HEALTH AND WELL-BEING OF OUR COMMUNITY. WE WILL PROVIDE SAFE, QUALITY CARE AND SERVICES TO OUR PATIENTS THROUGH OUR CONTINUUM OF SERVICES AND HEALTH PROMOTION. WE WILL COLLABORATE WITH HEALTH PROFESSIONALS

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 116,716,054. including grants of \$) (Revenue \$ 140,205,427.) AS A SHORT-TERM ACUTE CARE COMMUNITY HOSPITAL, BRISTOL HOSPITAL PROVIDES A BROAD SPECTRUM OF HEALTHCARE SERVICES TO ANY INDIVIDUAL REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY. THE HOSPITAL PROVIDED \$4,530,623 IN CHARITY CARE DURING THE OPERATING YEAR. THE HOSPITAL ALSO PROVIDES EDUCATION AND WELLNESS PROGRAMS TO THE COMMUNITY. THESE ACTIVITIES TYPICALLY REACH ABOUT 1,600 INDIVIDUALS PER QUARTER. THESE ACTIVITIES INCLUDE: WELLNESS CENTER - SPECIAL CENTER FOR EDUCATIONAL OUTREACH PROGRAMMING SERVING HUNDREDS OF INDIVIDUALS PER MONTH. - COMMUNITY HEALTH SCREENINGS - ONGOING FREE AND REDUCED PRICE SCREENINGS FOR MAMMOGRAMS, BLOOD PRESSURE, CHOLESTEROL, PROSTATE CANCER, SKIN CANCER AND A FLU CLINIC PROVIDING FREE FLU SHOTS IN THE FALL. - SPEAKERS BUREAU - A COMMUNITY SERVICE WHERE THE HOSPITAL PROVIDES

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 116,716,054.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	X	
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its 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.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GEORGE EIGHMY - 860-585-3000 BREWSTER ROAD, BRISTOL, CT 06011

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH BENOIT, M.D. DIRECTOR	2.00 2.00	X					0.	0.	0.	
(2) MARK BLUM SECRETARY/TREASURER	8.00 2.00	X		X			0.	0.	0.	
(3) BALA SHANMUGAM, M.D. DIRECTOR	40.00 40.00	X					0.	307,603.	0.	
(4) JOHN J. LEONE, JR. VICE CHAIRMAN	10.00 2.00	X		X			0.	0.	0.	
(5) GLENN HEISER DIRECTOR	2.00 2.00	X					0.	0.	0.	
(6) KURT BARWIS PRESIDENT & CEO	60.00 2.00	X		X			632,799.	0.	185,344.	
(7) JOHN LODOVICO, JR. DIRECTOR	2.00 2.00	X					0.	0.	0.	
(8) MARIE O'BRIEN CHAIRMAN	10.00 2.00	X		X			0.	0.	0.	
(9) DOUGLAS DEVNEW DIRECTOR	2.00 2.00	X					0.	0.	0.	
(10) KAREN GUADAGNINI, M.D. DIRECTOR	40.00 40.00	X					116,509.	94,778.	0.	
(11) MARY ANN CORDEAU, PHD, RN DIRECTOR	2.00 2.00	X					0.	0.	0.	
(12) FAWAD KAZI, M.D. DIRECTOR	2.00 2.00	X					0.	0.	0.	
(13) THOMAS MONAHAN DIRECTOR	2.00 2.00	X					0.	0.	0.	
(14) ELLEN SOLEK DIRECTOR	2.00 2.00	X					0.	0.	0.	
(15) VALERIE VITALE, M.D. DIRECTOR	2.00 2.00	X					0.	0.	0.	
(16) SHARON ADLER DIRECTOR	2.00 2.00	X					0.	0.	0.	
(17) GEORGE EIGHMY VICE PRESIDENT OF FINANCE/	40.00			X			299,022.	0.	19,003.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEONARD BANCO, M.D. CHIEF MEDICAL OFFICER	40.00				X			347,072.	0.	20,056.
(19) JEANINE RECKDENWALD VP, HUMAN RESOURCES AND SU	40.00				X			228,570.	0.	21,206.
(20) DAVE RACKLIFFE AVP INFORMATION TECHNOLOGY	40.00				X			176,108.	0.	22,064.
(21) SHEILA KEMPF, PHD SENIOR VP/PATIENT CARE SER	40.00				X			285,747.	0.	23,500.
(22) EVA WICKWIRE AVP CHIEF DEVELOPMENT OFFI	40.00 2.00				X			169,363.	0.	7,211.
(23) PAUL SMITH DIRECTOR OF FACILITIES AND	40.00					X		154,800.	0.	0.
(24) RUSSELL TUVerson, M.D. OCCUPATIONAL HEALTH PHYSIC	40.00					X		166,790.	0.	3,322.
(25) MARIA SIMMONE DIRECTOR OF REVENUE CYCLE	40.00					X		140,093.	0.	10,070.
(26) MARIE RIZZO DIRECTOR OF INPATIENT SERVICES	40.00					X		147,000.	0.	0.
1b Sub-total								2,863,873.	402,381.	311,776.
c Total from continuation sheets to Part VII, Section A								135,655.	0.	701.
d Total (add lines 1b and 1c)								2,999,528.	402,381.	312,477.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **48**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEP OF BRISTOL LLC PO BOX 742528, DALLAS, TX 75374	MEDICAL SERVICES	1,212,894.
MAYO COLLABORATIVE SERVICES, INC 200 SW 1ST STREET, ROCHESTER, MN 55905	LAB SERVICES	1,009,037.
IPC THE HOSPITALIST COMPANY INC PO BOX 844929, LOS ANGELES, CA 90084	MEDICAL SERVICES	603,162.
TOTAL LAUNDRY COLLABORATIVE LLC 114 WOODLAND STREET, HARTFORD, CT 06105	LAUNDRY SERVICES	390,335.
NORRIS MCLAUGHLIN & MARCUS PA, 515 WEST HAMILTON STREET, ALLENTOWN, PA 18101	LEGAL SERVICES	347,875.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **28**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,386,045.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$		17,968.				
	h Total. Add lines 1a-1f		1,386,045.				
	Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code 622110	137,976,406.	137,544,914.	431,492.	
b MISC. PROGRAM AND HEALTHCARE REVE		621990	1,169,250.	1,169,250.			
c OCCUPATIONAL HEALTH REVENUE		621990	980,213.	980,213.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			140,125,869.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		364,945.			364,945.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	385,527.				
		(ii) Personal	0.				
		b Less: rental expenses	0.				
		c Rental income or (loss)	385,527.				
	d Net rental income or (loss)		385,527.			385,527.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	406,370.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	0.				
		c Gain or (loss)	406,370.				
	d Net gain or (loss)		406,370.			406,370.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a JOINT VENTURES		900099	462,385.	477,466.	-15,081.		
	b CAFETERIA	722210	428,487.			428,487.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		890,872.				
12 Total revenue. See instructions.		143,559,628.	140,171,843.	416,411.	1,585,329.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,307,131.		3,307,131.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	54,485,029.	44,082,440.	10,402,589.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,827,972.	2,262,378.	565,594.	
9 Other employee benefits	8,763,782.	7,011,026.	1,752,756.	
10 Payroll taxes	4,190,454.	3,352,363.	838,091.	
11 Fees for services (non-employees):				
a Management				
b Legal	552,463.	64,963.	487,500.	
c Accounting	129,000.		129,000.	
d Lobbying	80,471.		80,471.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	1,842,023.	1,829,267.	12,756.	
13 Office expenses	13,887,716.	13,193,330.	694,386.	
14 Information technology	3,151,406.	315,141.	2,836,265.	
15 Royalties				
16 Occupancy	3,308,985.	2,812,637.	496,348.	
17 Travel	232,569.	171,868.	60,701.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,412,468.	1,412,468.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,614,415.	6,559,821.	54,594.	
23 Insurance	1,762,562.	1,410,050.	352,512.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SERVICES FEES A	18,711,596.	18,521,571.	190,025.	
b DRUGS	8,878,275.	8,872,893.	5,382.	
c REPAIR & MAINTENANCE	1,723,136.	1,723,136.		
d COLLECTION FEES	1,241,634.	1,241,634.		
e All other expenses	4,125,862.	1,879,068.	2,246,794.	
25 Total functional expenses. Add lines 1 through 24e	141,228,949.	116,716,054.	24,512,895.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	12,810,191.	1	13,617,245.	
	2 Savings and temporary cash investments	96,526.	2	96,550.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	16,887,452.	4	17,715,144.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	1,445,186.	8	1,413,639.	
	9 Prepaid expenses and deferred charges	2,321,980.	9	2,215,479.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 157,393,979.			
	b Less: accumulated depreciation	10b 118,322,799.	38,760,281.	10c	39,071,180.
	11 Investments - publicly traded securities	13,766,654.	11	13,501,147.	
	12 Investments - other securities. See Part IV, line 11	14,260,744.	12	12,924,878.	
	13 Investments - program-related. See Part IV, line 11	7,150,033.	13	7,430,091.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	6,433,707.	15	6,352,376.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	113,932,754.	16	114,337,729.		
Liabilities	17 Accounts payable and accrued expenses	29,340,577.	17	28,975,389.	
	18 Grants payable		18		
	19 Deferred revenue	765,934.	19	524,473.	
	20 Tax-exempt bond liabilities	23,842,748.	20	23,404,411.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	290,136.	22	281,909.	
	23 Secured mortgages and notes payable to unrelated third parties	2,828,131.	23	2,575,101.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,392,957.	25	30,149,491.	
	26 Total liabilities. Add lines 17 through 25	87,460,483.	26	85,910,774.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	15,896,282.	27	17,633,376.	
	28 Temporarily restricted net assets	3,555,410.	28	3,708,091.	
	29 Permanently restricted net assets	7,020,579.	29	7,085,488.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	26,472,271.	33	28,426,955.		
34 Total liabilities and net assets/fund balances	113,932,754.	34	114,337,729.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,559,628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,228,949.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,330,679.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,472,271.
5	Net unrealized gains (losses) on investments	5	-664,325.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	288,331.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,426,956.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

BRISTOL HOSPITAL, INC.

Employer identification number

06-0646559

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHILDREN'S TRUST FUND 25 SIGOURNEY STREET - 10TH FLOOR HARTFORD, CT 06106	\$ 196,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CT DEPARTMENT OF CHILDREN AND FAMILIES 505 HUDSON STREET HARTFORD, CT 06106	\$ 53,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CT DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES 410 CAPITOL AVE HARTFORD, CT 06134	\$ 12,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$ 757,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 48,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 17,968.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION BREWSTER ROAD BRISTOL, CT 06011	\$ 281,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	VACCINES _____ _____ _____	\$ 17,968.	09/30/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,478.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		77,993.
j Total. Add lines 1c through 1i			80,471.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: THE HOSPITAL IS A MEMBER OF THE CONNECTICUT HOSPITAL

ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION. \$23,993 REPRESENTS

THE PORTION OF THE DUES PAID TO THESE ASSOCIATIONS WHICH WERE USED FOR

LOBBYING PURPOSES.

THE HOSPITAL ENGAGED CAMILLIERE, CLOUD & KENNEDY, A CONNECTICUT

Part IV Supplemental Information (continued)

LOBBYING AND BUSINESS DEVELOPMENT FIRM, FOR CONSULTING SERVICES IN THE
AMOUNT OF \$54,000.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization BRISTOL HOSPITAL, INC. Employer identification number 06-0646559

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

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

(check all that apply):

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,542,462.	18,397,107.	13,347,087.	13,491,685.	12,626,745.
b Contributions			2,000,000.		
c Net investment earnings, gains, and losses	262,137.	2,199,827.	4,675,975.	40,613.	1,587,194.
d Grants or scholarships					
e Other expenditures for facilities and programs	175,259.	3,054,472.	1,625,979.	185,211.	722,254.
f Administrative expenses					
g End of year balance	17,629,340.	17,542,462.	18,397,083.	13,347,087.	13,491,685.

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

- a Board designated or quasi-endowment **▶ 38.78 %**
- b Permanent endowment **▶ 40.19 %**
- c Temporarily restricted endowment **▶ 21.03 %**

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,595,276.		1,595,276.
b Buildings		63,875,563.	42,608,073.	21,267,490.
c Leasehold improvements		1,006,331.	803,980.	202,351.
d Equipment		86,560,455.	72,724,866.	13,835,589.
e Other		4,356,354.	2,185,880.	2,170,474.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				▶ 39,071,180.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FUNDS HELD FOR		
(B) MALPRACTICE		
(C) SELF-INSURANCE	5,597,992.	END-OF-YEAR MARKET VALUE
(D) ASSETS HELD IN TRUST BY		
(E) OTHERS	3,285,532.	END-OF-YEAR MARKET VALUE
(F) FUNDS HELD UNDER BOND		
(G) INDENTURE	2,506,471.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,924,878.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS IN JOINT		
(2) VENTURES	764,613.	COST
(3) INTEREST IN NET ASSETS OF		
(4) FOUNDATION	6,665,478.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	7,430,091.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	2,785,093.
(2) DUE FROM AFFILIATES	2,986,089.
(3) ESTIMATED SETTLEMENTS WITH THIRD-PARTY PAYERS	581,194.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,352,376.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFIT	
(3) LIABILITY	170,972.
(4) LINE OF CREDIT	2,900,000.
(5) ASSET RETIREMENT OBLIGATIONS	604,800.
(6) ACCRUED PENSION LIABILITY	23,468,844.
(7) OTHER LIABILITIES	3,004,875.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,149,491.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	143,541,659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	143,541,659.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		17,968.
c	Add lines 4a and 4b		4c	17,968.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	143,559,627.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	141,228,949.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	141,228,949.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	141,228,949.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: THE HOSPITAL'S ENDOWMENT CONSISTS OF MULTIPLE FUNDS

ESTABLISHED FOR A VARIETY OF PURPOSES, SUCH AS CAPITAL EXPENDITURES,

OPERATING EXPENSES, AND OTHER SPECIFIED DONOR AND BOARD RESTRICTED USES.

PART X, LINE 2:

EXPLANATION: THE HOSPITAL ACCOUNTS FOR UNCERTAIN TAX POSITIONS WITH

PROVISIONS OF FASB ASC 740, "INCOME TAXES" WHICH PROVIDES A FRAMEWORK FOR

HOW COMPANIES SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE UNCERTAIN

TAX POSITIONS IN THEIR FINANCIAL STATEMENTS. THE HOSPITAL MAY RECOGNIZE

THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY

THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE

Part XIII Supplemental Information (continued)

TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE HOSPITAL DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AS SEPTEMBER 30, 2013 AND 2012. IT IS THE HOSPITAL'S POLICY TO RECORD PENALTIES AND INTEREST ASSOCIATED WITH UNCERTAIN TAX PROVISIONS AS A COMPONENT OF OPERATING EXPENSES. AS OF SEPTEMBER 30, 2013 AND 2012, THE HOSPITAL DID NOT RECORD ANY PENALTIES OR INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS. THE HOSPITAL'S PRIOR THREE TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NONCASH VACCINE CONTRIBUTIONS	17,968.
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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization **BRISTOL HOSPITAL, INC.** Employer identification number **06-0646559**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>800</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5196795.	2889355.	2307440.	1.63%
b Medicaid (from Worksheet 3, column a)			28038541.	19708135.	8330406.	5.90%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			33235336.	22597490.	10637846.	7.53%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1538116.		1538116.	1.09%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			6150000.		6150000.	4.35%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			7688116.		7688116.	5.44%
k Total. Add lines 7d and 7j			40923452.	22597490.	18325962.	12.97%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number

1 BRISTOL HOSPITAL, INC.
BREWSTER ROAD
BRISTOL, CT 06010
41

Table with 10 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first two and last two columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group BRISTOL HOSPITAL, INC.

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

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

Part V Facility Information (continued) BRISTOL HOSPITAL, INC.

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing discounted care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>800</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input checked="" type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input checked="" type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	X	
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input checked="" type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input checked="" type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued) BRISTOL HOSPITAL, INC.

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

21		<input checked="" type="checkbox"/>

If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

22		<input checked="" type="checkbox"/>
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If "Yes," explain in Section C.

Part V Facility Information *(continued)*

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

BRISTOL HOSPITAL, INC.:

PART V, SECTION B, LINE 3: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. BRISTOL HOSPITAL SOUGHT COMMUNITY INPUT THROUGH THE INCLUSION OF COMMUNITY LEADERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS. FOR A COMPLETE LIST OF PARTICIPANTS, PLEASE SEE THE COMMUNITY HEALTH NEEDS ASSESSMENT - FINAL SUMMARY REPORT, AVAILABLE ON THE BRISTOL HOSPITAL WEBSITE.

BRISTOL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: THERE IS AN APPROVED SLIDING SCALE FOR DISCOUNTS BASED ON INCOME LEVELS AND FAMILY SIZE.

BRISTOL HOSPITAL, INC.:

PART V, SECTION B, LINE 12I: BRISTOL HOSPITAL RECOGNIZES THAT THE BURDEN OF HEALTH CARE COSTS ON INDIVIDUALS IS A NATIONAL CRISIS. DECADES OF HOSPITAL PRICING, DISTORTED BY THE UNIQUE BILLING REQUIREMENTS IMPOSED BY PRIVATE AND GOVERNMENTAL PAYERS AND REGULATIONS, HAS RESULTED IN A CHARGE STRUCTURE WHICH UNFAIRLY BURDENS THE INDIVIDUALS AND FAMILIES WITHOUT OR WITH LIMITED INSURANCE. BRISTOL HOSPITAL WISHES TO CORRECT THIS UNFAIRNESS BY ENSURING THAT ALL UNINSURED PATIENTS' CHARGES ARE LIMITED

Part V Facility Information (continued)

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

AND CAPPED AT MEDICARE PAYMENT LEVELS. THIS DISCOUNTED LEVEL IS DEFINED AS THE RATIO OF MEDICARE CHARGE TO PAYMENTS AND IS LISTED ON THE MOST RECENT OHCA FILING. THE MOST CURRENT DISCOUNT IS 71%. WHEN A PATIENT HAS NO INSURANCE, THEIR BILL WILL BE IMMEDIATELY REDUCED BY THAT PERCENTAGE DISCOUNT, USING THE CHARITY CARE UNINSURED ALLOWANCE CODE.

PATIENTS WHO HAVE BALANCES DUE AFTER INSURANCE AND REQUIRE FINANCIAL ASSISTANCE IN PAYING THOSE BILLS, WILL BE ENTITLED TO A CHARITY CARE PATIENT ASSISTANCE DISCOUNT BASED ON THEIR INCOME AND FAMILY SIZE, USING THE APPROVED SLIDING FINANCIAL ASSISTANCE SCALE. THE STATE OF CONNECTICUT HAS SET RECOMMENDED LEVELS OF CHARITY CARE DISCOUNTS WHICH STIPULATES THAT FOR FAMILIES AT OR BELOW 200% OF FEDERAL POVERTY LEVELS SHOULD BE DISCOUNTED TO COST, AND THAT FOR FAMILIES BETWEEN 200 AND 400% SHOULD BE DISCOUNTED TO THE COMMERCIAL AND/OR MEDICARE RATE. THE BRISTOL HOSPITAL SLIDING SCALE HAS GREATER DISCOUNTS APPLIED AT LOWER LEVELS OF THE FEDERAL POVERTY INCOME LEVELS.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 BRISTOL BEHAVIORAL HEALTH SERVICES 10 N. MAIN STREET, SUITE 210 BRISTOL, CT 06010	BEHAVIORAL HEALTH
2 BRISTOL HOSPITAL CENTER FOR DIABETES 102 NORTH STREET BRISTOL, CT 06010	DIABETES MEDICAL CARE AND EDUCATION
3 BRISTOL HOSPITAL COUNSELING CENTER 440-C NORTH MAIN STREET BRISTOL, CT 06010	THERAPY AND COUNSELING
4 BRISTOL HOSPITAL WELLNESS CENTER 842 CLARK AVENUE BRISTOL, CT 06010	MEDICAL AND FITNESS SERVICES
5 BRISTOL RADIOLOGY CENTER 25 COLLINS ROAD BRISTOL, CT 06010	MAMMOGRAPHY AND MRI
6 MED HELP 539 FARMINGTON AVENUE BRISTOL, CT 06010	URGENT CARE
7 MEDWORKS, LLC 375 CEDAR STREET NEWINGTON, CT 06111	OCCUPATIONAL HEALTH SERVICES
8 PARENT & CHILD CENTER - BRISTOL HOSPI 9 PROSPECT STREET BRISTOL, CT 06010	CHILDREN AND FAMILY SERVICES
9 REHAB DYNAMICS 975 FARMINGTON AVENUE BRISTOL, CT 06010	PHYSICAL THERAPY AND SPORTS MEDICINE
10 BRISTOL HOSPITAL LABORATORY 641 FARMINGTON AVENUE BRISTOL, CT 06010	LABORATORY SERVICES

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

EXPLANATION: THERE IS AN APPROVED SLIDING SCALE FOR DISCOUNTS BASED ON INCOME LEVELS AND FAMILY SIZE.

PART III, LINE 4:

EXPLANATION: USE OF ESTIMATES - THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH GAAP REQUIRES MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS THAT IMPACT THE REPORTED AMOUNTS OF ASSETS AND LIABILITIES AND DISCLOSURE OF CONTINGENT ASSETS AND LIABILITIES AT THE DATE OF THE FINANCIAL STATEMENTS. ESTIMATES ALSO IMPACT THE REPORTED AMOUNTS OF REVENUES AND EXPENSES DURING THE REPORTING PERIOD. ACTUAL RESULTS COULD DIFFER FROM THOSE ESTIMATES. THE HOSPITAL'S SIGNIFICANT ESTIMATES RELATE TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ALLOWANCES ON PATIENT ACCOUNTS RECEIVABLE, VALUATION OF INVESTMENTS, ESTIMATED SETTLEMENTS DUE TO THIRD-PARTY PAYERS, RESERVES FOR SELF-INSURANCE LIABILITIES AND THE PENSION AND OTHER POSTRETIREMENT EMPLOYEE BENEFIT PLAN LIABILITY ASSUMPTIONS.

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

EXPLANATION: THE CALCULATED MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT BECAUSE IT REPRESENTS UNREIMBURSED COSTS FOR PATIENT SERVICES. THESE UNREIMBURSED COSTS ARE BRISTOL HOSPITAL EXPENSES THAT ULTIMATELY BENEFIT THE COMMUNITY BRISTOL HOSPITAL SERVICES.

PART III, LINE 9B:

EXPLANATION: IT IS THE POLICY OF BRISTOL HOSPITAL TO PROVIDE EVERY PATIENT FROM THE COMMUNITY WE SERVE WITH MEDICALLY NECESSARY HEALTH SERVICES REGARDLESS OF THEIR ABILITY TO PAY. THE POLICY SETS SPECIFIC GUIDELINES FOR THE COLLECTION OF PATIENT PAYMENTS AND ESTABLISHES A HIERARCHY FOR PAYMENT METHODS THAT ARE BOTH FRIENDLY TO THE PATIENT AND BENEFICIAL TO THE HOSPITAL. PATIENTS WHO ARE UNABLE TO PAY THEIR LIABILITY ARE REFERRED TO A FINANCIAL COUNSELOR WHO WILL ASSESS THE PATIENT'S ELIGIBILITY FOR CHARITY CARE OR ALTERNATIVE FUNDING SOURCES. FUNDING SOURCES INCLUDE CHARITY CARE, OUTSIDE FINANCING, HOSPITAL PAYMENT PLANS, FEDERAL, STATE AND LOCAL PROGRAMS AND THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM.

PART VI, LINE 2:

EXPLANATION: HOSPITAL'S ASSESSMENT OF THE HEALTH CARE NEEDS OF THE COMMUNITY IS A DYNAMIC PROCESS THAT INVOLVES ALL LEVELS OF HOSPITAL ADMINISTRATION, STAFF, THE BOARD OF DIRECTORS, AND MEDICAL STAFF. VARIOUS COMMITTEES AND GROUPS AT THE HOSPITAL MEET PERIODICALLY TO DISCUSS THE NEEDS OF THE COMMUNITY, AS WELL AS THE RESOURCES AND SERVICES AVAILABLE AT THE HOSPITAL AND OTHER AGENCIES IN THE AREA. THE HOSPITAL IS REPRESENTED AT VARIOUS COMMUNITY ORGANIZATIONS AND GROUPS INVOLVED WITH ASSESSMENT OF COMMUNITY NEEDS. HOSPITAL RESOURCES ARE FREQUENTLY CALLED UPON TO PARTICIPATE IN PROGRAMS AND PROJECTS TO ADDRESS THOSE NEEDS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 3:

EXPLANATION: AT BRISTOL HOSPITAL, PATIENTS ARE NOTIFIED OF THEIR ABILITY TO DISCUSS FINANCIAL ASSISTANCE OPTIONS INCLUDING CHARITY CARE IN ALL OF THEIR BILLING STATEMENTS. THE HOSPITAL ENCOURAGES PATIENTS TO FIND OUT THEIR ELIGIBILITY FOR ASSISTANCE AND PROVIDES FINANCIAL COUNSELORS TO ASSIST PATIENTS IN APPLYING FOR CHARITY CARE. PATIENTS CAN CONTACT THE FINANCIAL ASSISTANCE DEPARTMENT WITHIN THE HOSPITAL AT 860-585-3878. THIS SUPPORT ALSO INCLUDES A REPRESENTATIVE THROUGH THE STATE OF CONNECTICUT (REPRESENTATIVE PAID BY BRISTOL HOSPITAL) TO ENSURE THAT ALL ASPECTS OF ASSISTANCE ARE PROVIDED FOR EACH PATIENT. THE FINANCIAL ASSISTANCE DEPARTMENT ALSO DISCUSSES GOVERNMENT BENEFITS THAT THEY MAY BE ELIGIBLE FOR. CONTACT INFORMATION FOR OUR FINANCIAL COUNSELOR IS ALSO INCLUDED ON THE HOSPITAL WEBSITE FOR PATIENTS TO REFERENCE. THE HOSPITAL ALSO OFFERS MANY FREE PROGRAMS FOR UNINSURED INCLUDING FREE BLOOD PRESSURE CLINICS, SKIN CANCER SCREENING CLINICS AND SEMINARS TO PROVIDE PATIENTS ACCESS TO AS MUCH FREE HEALTH INFORMATION AS POSSIBLE.

PART VI, LINE 4:

EXPLANATION: BRISTOL HOSPITAL IS COMMITTED TO PROVIDING THE BEST PATIENT EXPERIENCE IN THE REGION. OUR 134-BED, FULL-SERVICE HEALTH CARE INSTITUTION PROVIDES COMPREHENSIVE IMPATIENT AND OUTPATIENT CARE FOR THE GREATER BRISTOL, CONNECTICUT AREA. BRISTOL IS A SUBURBAN CITY LOCATED IN HARTFORD COUNTY, CONNECTICUT, UNITED STATES 20 MILES SOUTHWEST OF HARTFORD. BRISTOL HAS A TOTAL AREA OF 26.8 SQUARE MILES AND A POPULATION OF APPROX. 62,000. IN BRISTOL 84.2% OF THE PEOPLE SPEAK ENGLISH AND 4.8% OF PEOPLE SPEAK SPANISH. IN BRISTOL, 54.6% OF PEOPLE ARE MARRIED AND 92.2% OF RESIDENTS WERE BORN IN THE U.S.

Part VI Supplemental Information (Continuation)

COMMUNITY INFORMATION:

THE PRIMARY SERVICE AREA (PSA) FOR OUR HOSPITAL INCLUDES:

BRISTOL (ZIP CODE 06010,06011)- 2011 CENSUS 62,078

BURLINGTON (ZIP CODE 06013)- 2011 CENSUS- 10,011

PLAINVILLE (ZIP CODE 06062)- 2011 CENSUS 17,767

PLYMOUTH (ZIP CODE 06781,06782,06786)- 2011 CENSUS 12,605

THE TOTAL POPULATION FROM THE 2011 CENSUS FOR OUR PSA IS- 102,461

IN 2009, THE LATEST DATE DATA BECAME AVAILABLE THE FOLLOWING DATA POINTS WERE PROVIDED:

BRISTOL:

MEDIAN HOUSEHOLD INCOME: \$57,781

FAMILIES BELOW POVERTY LEVEL- 5.6%

INDIVIDUALS BELOW POVERTY LEVEL- 7.7%

RACE: WHITE- 87.6%, BLACK OR AFRICAN AMERICAN- 3.6%, AMERICAN INDIAN OR

ALASKA NATIVE- 0.3%, ASIAN- 1.8%, OTHER RACE- 3.9%

BURLINGTON:

MEDIAN HOUSEHOLD INCOME: \$116,419

FAMILIES BELOW POVERTY LEVEL- 1.2%

INDIVIDUALS BELOW POVERTY LEVEL- 1.9%

RACE: WHITE- 98%, BLACK OR AFRICAN AMERICAN- 0.2%, AMERICAN INDIAN OR

ALASKA NATIVE- 0.1%, ASIAN- 1.2%

PLAINVILLE:

MEDIAN HOUSEHOLD INCOME: \$62,440

Part VI Supplemental Information (Continuation)

FAMILIES BELOW POVERTY LEVEL- 4.1%

INDIVIDUALS BELOW POVERTY LEVEL- 5.0%

RACE: WHITE- 93.1%, BLACK OR AFRICAN AMERICAN- 2.5%, AMERICAN INDIAN OR
ALASKA NATIVE- 0.3%, ASIAN- 1.3%, OTHER RACE- 0.6%

PLYMOUTH:

MEDIAN HOUSEHOLD INCOME: \$70,132

FAMILIES BELOW POVERTY LEVEL- 2.9%

INDIVIDUALS BELOW POVERTY LEVEL- 5.6%

RACE: WHITE- 96.7%, BLACK OR AFRICAN AMERICAN- 0.5%, AMERICAN INDIAN OR
ALASKA NATIVE- 0.3%, ASIAN- 0.6%, OTHER RACE- 0.7%

THE SECONDARY SERVICE AREA (SSA) FOR OUR HOSPITAL INCLUDES:

FARMINGTON (ZIP CODE 06085,06087)- 2011 CENSUS 6,058

SOUTHINGTON (ZIP CODE 06489)- 2011 CENSUS 33,560

WOLCOTT (ZIP CODE 06716)- 2011 CENSUS 17,458

THOMASTON (ZIP CODE 06787)- 2011 CENSUS 8,512

HARWINTON (ZIP CODE 06791)- 2011 CENSUS 5,938

THE TOTAL POPULATION FROM THE 2011 CENSUS FOR OUR SSA IS- 71,526

BOTH THE PSA (PRIMARY SERVICE AREA) AND SSA (SECONDARY SERVICE AREA) ARE
PRIMARILY SUBURBAN AND RURAL AREAS BUT ALSO INCLUDE SOME URBAN AREAS AS
WELL.

SOME OF THE MAJOR HEALTH PROBLEMS PREVALENT IN OUR PSA ARE ASSOCIATED WITH
BEHAVIORAL HEALTH, CHEMICAL DEPENDENCY, OBESITY, AND PULMONARY DISEASE.

PART VI, LINE 5:

Part VI Supplemental Information (Continuation)

EXPLANATION: BRISTOL HOSPITAL TAKES GREAT PRIDE IN SERVING THE COMMUNITY. AS PART OF ITS MISSION, BRISTOL HOSPITAL INCORPORATES A BROAD ARRAY OF COMMUNITY OUTREACH AND WELLNESS ACTIVITIES, DELIVERING EDUCATIONAL MATERIAL AND COUNSELING, OFFERING FREE OR LOW COST HEALTH SCREENINGS AND HOSTING PATIENT AND FAMILY SUPPORT GROUPS. WE UNDERSTAND THE IMPORTANCE AND VALUE OF EMPHASIZING GOOD HEALTH, FITNESS, SAFETY AND THE PROMOTION OF EARLY DETECTION OF ILLNESS OR DISEASE. THEREFORE, ALL OF OUR OUTREACH EFFORTS REFLECT OUR STRONG DESIRE TO IMPROVE THE QUALITY OF LIFE FOR ALL WHO LIVE AND WORK IN THE COMMUNITIES WE SERVE.

BRISTOL HOSPITAL PROVIDES FINANCIAL SUPPORT AND ACCESS TO APPROPRIATE CLINICAL CARE FOR SEVERAL LIFE-SAVING INITIATIVES, INCLUDING THE BRISTOL COMMUNITY BREAST HEALTH PROJECT AND THE COLON CANCER AWARENESS PROJECT OF GREATER BRISTOL, WHICH ALLOW US TO OFFER FREE BREAST, AND COLORECTAL CANCER SCREENINGS TO THOSE WHO, DUE TO INSURANCE OR INCOME FACTORS, MIGHT NOT OTHERWISE HAVE ACCESS TO THESE VALUABLE DIAGNOSTIC SCREENING SERVICES. THE EYE CARE PROJECT OF GREATER BRISTOL PROVIDES VITAL ACCESS TO SERVICES FOR THOSE SUFFERING FROM VISION IMPAIRMENT.

AT BRISTOL HOSPITAL WE UNDERSTAND THE IMPORTANCE OF OUR ROLE AS AN EXEMPT HEALTHCARE PROVIDER TO THE COMMUNITY WE SERVICE. OUR LEADERSHIP TEAM IS COMMITTED TO PROVIDING OUTSTANDING PATIENT CARE AND PROMOTING THE HEALTH OF THE COMMUNITY. BRISTOL HOSPITAL ATTEMPTS TO PROMOTE OUR FREE AND NON-REVENUE GENERATING PROGRAMS IN A VARIETY OF WAYS. THREE TIMES A YEAR, THE HOSPITAL MAILES A "PATHWAYS TO YOUR HEALTH" CATALOG. THE CATALOG CONTAINS A LISTING OF PROGRAMS AVAILABLE TO THE GREATER BRISTOL COMMUNITY. THIS CATALOG IS MAILED TO OVER 60,000 RESIDENTS AND PROVIDES INFORMATION ON FREE HEALTH SCREENINGS, SUPPORT GROUPS, HEALTH EDUCATION, WELLNESS

Part VI Supplemental Information (Continuation)

PROGRAMS, ETC. THE CATALOG IS ALSO INCLUDED ON OUR HOSPITAL WEBSITE TO PROVIDE INCREASED ACCESS TO PATIENTS. THE PATHWAYS CATALOG IS DELIVERED AND DISPLAYED IN EACH DEPARTMENT WITHIN THE HOSPITAL AND IS FREE FOR ALL PATIENTS TO TAKE.

PROGRAMS ARE ALSO LISTED ON OUR WEBSITE UNDER AN "EVENTS" SECTION WHERE PATIENTS CAN REGISTER FOR FREE, DIRECTLY ONLINE. WE ALSO PROMOTE OUR PROGRAMS MONTHLY IN THE BRISTOL PRESS, BRISTOL OBSERVER, HARTFORD COURANT AND PLYMOUTH CONNECTION.

WE SUBSCRIBE TO AN "ON-HOLD" SYSTEM FOR OUR PHONES WHICH ALLOWS US TO RECORD MESSAGES FOR PATIENTS WHEN THEY CALL THE HOSPITAL. MANY OF THESE MESSAGES ARE ABOUT FREE PROGRAMS AND SERVICES, HEALTH EDUCATION FACTS AND SERVICES TO THE COMMUNITY.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BRISTOL HOSPITAL, INC.

Employer identification number

06-0646559

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b 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 explain	X	
2 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 1a?		X
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
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.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		X
b Any related organization?		X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	X	
b Any related organization?	X	
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	X	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	X	

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BALA SHANMUGAM, M.D. DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	304,603.	3,000.	0.	0.	0.	307,603.	0.
(2) KURT BARWIS PRESIDENT & CEO	(i)	474,407.	150,000.	8,392.	166,725.	18,619.	818,143.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN GUADAGNINI, M.D. DIRECTOR	(i)	116,509.	0.	0.	0.	0.	116,509.	0.
	(ii)	89,490.	5,288.	0.	0.	0.	94,778.	0.
(4) GEORGE EIGHMY VICE PRESIDENT OF FINANCE/	(i)	255,066.	43,956.	0.	503.	18,500.	318,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LEONARD BANCO, M.D. CHIEF MEDICAL OFFICER	(i)	293,370.	53,702.	0.	5,100.	14,956.	367,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEANINE RECKDENWALD VP, HUMAN RESOURCES AND SU	(i)	195,725.	32,845.	0.	2,706.	18,500.	249,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVE RACKLIFFE AVP INFORMATION TECHNOLOGY	(i)	158,096.	18,012.	0.	3,217.	18,847.	198,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHEILA KEMPF, PHD SENIOR VP/PATIENT CARE SER	(i)	244,399.	41,348.	0.	5,000.	18,500.	309,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) EVA WICKWIRE AVP CHIEF DEVELOPMENT OFFI	(i)	144,471.	24,892.	0.	0.	7,211.	176,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PAUL SMITH DIRECTOR OF FACILITIES AND	(i)	143,100.	0.	11,700.	0.	0.	154,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RUSSELL TUVERTSON, M.D. OCCUPATIONAL HEALTH PHYSIC	(i)	166,790.	0.	0.	3,322.	0.	170,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARIA SIMMONE DIRECTOR OF REVENUE CYCLE	(i)	133,343.	6,750.	0.	2,700.	7,370.	150,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: THE HOSPITAL PAID \$6,615 IN GOLF CLUB MEMBERSHIP FEES FOR THE HOSPITAL'S PRESIDENT, AS THE CLUB DID NOT HAVE A CORPORATE MEMBERSHIP CATEGORY.

THE HOSPITAL PAID \$11,700 HOUSING ALLOWANCE FOR PAUL SMITH, DIRECTOR OF FACILITIES AND ENGINEERING.

PART I, LINE 4B:

EXPLANATION: KURT BARWIS, PRESIDENT, PARTICIPATES IN THE HOSPITAL'S 457(F) DEFINED CONTRIBUTION PLAN.

PART I, LINE 5:

EXPLANATION: THE COMPENSATION OF THE HOSPITAL'S PRESIDENT, CFO, AND KEY EMPLOYEES IS BASED IN PART ON THE NET EARNINGS OF THE HOSPITAL.

PART I, LINE 6:

EXPLANATION: THE COMPENSATION OF THE HOSPITAL'S PRESIDENT, CFO, AND KEY EMPLOYEES IS BASED IN PART ON THE NET EARNINGS OF THE HOSPITAL.

Part III Supplemental Information

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

PART I, LINE 8:

EXPLANATION: AMOUNTS WERE PAID TO KURT BARWIS PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGS. SECTION 53.4958-4(A)(3). THE ORGANIZATION FOLLOWED THE REBUTTABLE PRESUMPTION PROCEDURE DESCRIBED IN REGS. SECTION 53.4958-6(C).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

BRISTOL HOSPITAL, INC.

Employer identification number

06-0646559

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES TO OUR PATIENTS THROUGH OUR CONTINUUM OF SERVICES AND HEALTH
PROMOTION. WE WILL COLLABORATE WITH HEALTH PROFESSIONAL AND OTHER
ORGANIZATIONS AS ADVOCATES FOR OUR COMMUNITY. WE WILL PROVIDE THE
OPPORTUNITY FOR GROWTH TO OUR MEDICAL STAFF AND EMPLOYEES IN AN
ENVIRONMENT WHERE EACH INDIVIDUAL IS RESPECTED AND VALUED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND OTHER ORGANIZATIONS AS ADVOCATES FOR OUR COMMUNITY. WE WILL PROVIDE
THE OPPORTUNITY FOR GROWTH TO OUR MEDICAL STAFF AND EMPLOYEES IN AN
ENVIRONMENT WHERE EACH INDIVIDUAL IS RESPECTED AND VALUED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPEAKERS ON A VARIETY OF TOPICS TO SERVE THE COMMUNITY'S EDUCATIONAL
NEEDS. - PERIODIC COMMUNITY SERVICE PROJECTS - THE HOSPITAL HAS
SPONSORED TWO MAJOR OUTREACH EFFORTS, ONE TO PROMOTE EARLY DETECTION OF
BREAST CANCER AND ONE TARGETED TO PREVENT COLON CANCER. BOTH PROGRAMS
HAVE INCREASED THE COMMUNITY'S COMPLIANCE WITH THE RECOMMENDED CANCER
SCREENINGS AND HAVE BEEN RECOGNIZED WITH STATE, REGIONAL AND NATIONAL
AWARDS.

BRISTOL HOSPITAL BACKGROUND: BRISTOL HOSPITAL, THE FLAGSHIP OF THE
BRISTOL HOSPITAL AND HEALTH CARE GROUP, IS COMMITTED TO PROVIDING
INPATIENT AND OUTPATIENT HEALTH CARE SERVICES THAT ARE PROGRESSIVE,
COMPASSIONATE, COORDINATED, ACCESSIBLE, AFFORDABLE, HIGH QUALITY AND
RESPONSIVE TO COMMUNITY NEEDS. THE HOSPITAL'S CENTRAL MISSION IS TO BE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
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THE LEADING HEALTH CARE PROVIDER FOR THE PEOPLE WHO LIVE AND WORK IN THE GREATER BRISTOL AREA, A ROLE THAT IT HAS PLAYED FOR MANY GENERATIONS SINCE THE EARLY 1920S. BRISTOL HOSPITAL SERVES ALL PEOPLE WHO NEED CARE, REGARDLESS OF THEIR AGE, GENDER, SEXUAL ORIENTATION, RACE, RELIGION, NATURAL ORIGIN, PERSONAL LIMITATIONS, OR ABILITY TO PAY. IN ADDITION TO BEING THE LEADING HEALTH CARE PROVIDER, BRISTOL HOSPITAL IS ALSO ONE OF THE AREA'S LARGEST EMPLOYERS. THE HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF COMMUNITY AND CIVIC LEADERS, WORKING AND RETIRED LOCAL BUSINESS EXECUTIVES, AND PHYSICIANS WHO GUIDE THE OVERALL PHILOSOPHY AND DIRECTION OF THE ORGANIZATION TO MEET THE NEEDS OF THE LOCAL COMMUNITY.

BRISTOL HOSPITAL VISION: BRISTOL HOSPITAL AND HEALTH CARE GROUP ASPIRES TO BE RECOGNIZED AS THE BEST COMMUNITY HEALTH CARE PROVIDER IN CONNECTICUT. WORKING WITH OUR PATIENTS, PHYSICIANS, EMPLOYEES, VOLUNTEERS AND COMMUNITY, BRISTOL HOSPITAL AND HEALTH CARE GROUP WILL UTILIZE OUR CORE VALUES TO ACHIEVE THE VISION WHICH: CREATES A CULTURE OF SAFETY, QUALITY AND SERVICE THAT IS EMBRACED AS AN INDIVIDUAL AND TEAM RESPONSIBILITY; ENSURES A USER-FRIENDLY CONTINUUM MODELED ON PROVIDING PATIENT-CENTERED CARE AND SERVICES; CONTINUALLY ASSESSES AND PROMOTES NEW SERVICES AND TECHNOLOGY; AND ERVES AS THE RESPONSIBLE STEWARD AND ADVOCATE FOR THE HEALTH OF OUR COMMUNITY.

BRISTOL HOSPITAL PATHWAYS COMMUNITY PROGRAMMING: THIS IS COMPRISED OF DOZENS OF LOW COST OR FREE CLASSES AND SEMINARS THAT ARE OFFERED THROUGH ITS PATHWAYS CATALOG. THE CATALOG ALSO IS MAILED TO HOUSEHOLDS IN TOWNS IN BRISTOL HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS.

THE COMMUNITY PROGRAMMING OFFERED THROUGH THE PATHWAYS INCLUDE: WEIGHT

Name of the organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
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LOSS SURGERY INFORMATION, MATERNITY, PARENTING EDUCATION, NUTRITION, CPR/EMT, STRESS RELIEF, REIKI, PERSONAL HEALTH AND DEVELOPMENT, SUPPORT GROUPS, THE DOCTOR IS IN - FREE HEALTH INFORMATION AND SEMINAR SERIES, HEALTH SCREENINGS, WEIGHT LOSS SUPPORT GROUP, CANCER CARE GROUPS, EVENING DIABETES SUPPORT GROUP, DAYTIME DIABETES SUPPORT GROUP, ALZHEIMER'S SUPPORT GROUP, OVEREATERS ANONYMOUS, AND EPILEPSY SUPPORT. "THE DOCTOR IS IN" FREE HEALTH INFORMATION AND SEMINAR SERIES INCLUDES FREE PRESENTATIONS BY THE PHYSICIANS OF THE BRISTOL HOSPITAL MULTI-SPECIALTY GROUP IN THE FOLLOWING DISCIPLINES: DEMENTIA, HEALTHY LIVING, FALL PREVENTION, POLY PHARMACY, JOINT HEALTH, THYROID HEALTH, SMOKING, COPD & ASTHMA, BREAST HEALTH, EXERCISE FOR THE ELDERLY, AND CARDIO AND SPORTS HEALTH.

BRISTOL HOSPITAL COMMUNITY RELATIONS/BENEFIT ACTIVITIES: THE PARENT AND CHILD CENTER AT BRISTOL HOSPITAL: THE CENTER'S PRIMARY FOCUS IS ON PREVENTION OF CHILD ABUSE, NEGLECT AND FAMILY VIOLENCE BY PROVIDING SUPPORT SYSTEMS FOR FAMILIES INCLUDING: STRESS/ANGER MANAGEMENT, FAMILY FINANCES, CHILD DEVELOPMENT, COMMUNICATION SKILLS, EFFECTIVE DISCIPLINE, AND PLANNING/DECISION-MAKING SKILLS.

BRISTOL HOSPITAL COMMUNITY CARE TEAM: THE OBJECTIVE OF THE BRISTOL HOSPITAL COMMUNITY CARE TEAM IS TO PROVIDE PATIENT-CENTERED CARE AND TO IMPROVE HEALTH OUTCOMES BY DEVELOPING AND IMPLEMENTING A SAFETY NET OF ALTERNATIVE SERVICES THROUGH MULTI-AGENCY INTERVENTION AND CARE PLANNING. THE TARGET POPULATION IS HIGH-RISK PATIENTS EXPERIENCING ACUTE AND CHRONIC MENTAL HEALTH ISSUES, SUBSTANCE ABUSE AND HIGH EMERGENCY DEPARTMENT UTILIZATION.

Name of the organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
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NURSES IN THE COMMUNITY: THE BRISTOL HOSPITAL NURSE EXECUTIVE COUNCIL INITIATED NURSES IN THE COMMUNITY TO DISPLAY PROFESSIONALISM AND PROVIDE SERVICE TO THE COMMUNITY. THE PROGRAM INCLUDES COLLECTED FOOD GOODS AND CLOTHING FROM NUMEROUS DRIVES CONDUCTED AT THE HOSPITAL. THE NURSES ALSO TRAVEL TO THE SHELTER TO TAKE BLOOD PRESSURES AND ACCESS WOUNDS.

HEALTH FAIRS: BRISTOL HOSPITAL PARTICIPATES IN NUMEROUS HEALTH FAIRS THROUGHOUT THE YEAR.

ADOPT A FAMILY FOR THE HOLIDAYS: THE EMPLOYEES WITH AN OPPORTUNITY TO ADOPT A LOCAL FAMILY AND PURCHASE HOLIDAY GIFTS FOR THEM INCLUDING CLOTHES, BASIC NECESSITIES, TOYS, ETC. IN 2013, 87 CHILDREN WERE SERVED WHICH EQUATES TO 54 FAMILIES.

WEST END EVENT: THE EVENT ATTRACTED AN ESTIMATED 10,000-PLUS PEOPLE. THE TEAM FROM THE BRISTOL HOSPITAL OBSTETRICS/GYNECOLOGY TEAM HANDED OUT EDUCATIONAL MATERIALS AND CONDUCTED FREE BLOOD PRESSURE CHECKS.

TEXTING AND DRIVING EVENT: BRISTOL HOSPITAL'S LEARNING CENTER PRESENTED ITS ANNUAL COMBINATION MEDICAL CAREER FAIR AND DISTRACTING DRIVING AWARENESS EVENT ENTITLED "CONSEQUENCES OF DISTRACTED DRIVING." THE TWO-PART EVENT INCLUDES A CAREER FAIR FOR STUDENTS WHO MAY BE INTERESTED IN PURSUING A CAREER IN HEALTH CARE.

TEDDY BEAR CLINIC: STAFF FROM BRISTOL HOSPITAL'S EMERGENCY CENTER TOOK PART IN A TEDDY BEAR CLINIC. THE TEAM EXAMINED DOZENS OF TEDDY BEARS AND STUFFED ANIMALS AND EXPLAINED TO THEM WHAT HAPPENS DURING A VISIT

Name of the organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
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TO A HOSPITAL EMERGENCY DEPARTMENT.

BOYS AND GIRLS CLUB BIKE HELMET EVENT: TEAM MEMBERS FROM BRISTOL HOSPITAL'S EMERGENCY CENTER AND ITS PHYSICIANS GROUP, MEP HEALTH, STAFFED A BICYCLE SAFETY EVENT AT THE BRISTOL BOYS AND GIRLS CLUB AND FAMILY CENTER'S FAMILY FUN NIGHT. DOZENS OF DONATED BIKE HELMETS WERE PROPERLY FITTED FOR THE CHILDREN WHO ATTENDED THE EVENT.

MEDICAL STAFF, THANKSGIVING FOOD DONATION: MORE THAN 100 MEMBERS OF THE BRISTOL HOSPITAL MEDICAL STAFF DONATED MORE THAN \$9,700 TO HELP FAMILIES IN THROUGH BRISTOL HOSPITAL'S WOMEN'S, INFANTS AND CHILDREN'S PROGRAM. BECAUSE OF THE GENEROSITY, APPROXIMATELY 180 FAMILIES ENJOYED A HOLIDAY MEAL ON THANKSGIVING.

EMERGENCY MEDICAL SERVICES DONATION: THE BRISTOL HOSPITAL EMS TEAM REGULARLY DONATES THEIR TIME AND AMBULANCES TO COMMUNITY EVENTS, FREE OF CHARGE. SOME OF THESE EVENTS INCLUDE HEALTH FAIRS, HIGH SCHOOL SPORTING EVENTS, FOOD DRIVES AND COMMUNITY EVENTS.

NURSING STUDENTS: BRISTOL HOSPITAL OVERSEES NURSING STUDENTS AS PART OF THEIR FIELD TRAINING. OUR NURSES AND PA-CS ACT AS THEIR SUPERVISORS, PROVIDING EDUCATION, HANDS ON LEARNING AND AN OPEN FORUM FOR QUESTIONS.

JOB SHADOWING: BRISTOL HOSPITAL PROVIDES JOB SHADOWING EXPERIENCES TO LOCAL HIGH SCHOOL STUDENTS. STUDENTS TYPICALLY SHADOW THE NURSING DEPARTMENT, PHYSICIAN ASSISTANTS OR PHYSICAL THERAPISTS.

CLINICAL & NON-CLINICAL JOB FAIR: OUR EDUCATION DEPARTMENT HOSTS A

Name of the organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
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CLINICAL AND NON-CLINICAL JOB FAIR DAY FOR HIGH SCHOOL STUDENTS TO COME INTO THE HOSPITAL AND VISIT DIFFERENT DEPARTMENTS TO LEARN MORE ABOUT HOW THE DEPARTMENTS RUN. IT PROVIDES AN OPPORTUNITY FOR STUDENTS TO LEARN ABOUT CLINICAL AND NON-CLINICAL CAREERS IN HEALTHCARE. TYPICALLY 50 STUDENTS ATTEND AND 15-20 DEPARTMENTS ARE REPRESENTED.

BRISTOL COMMUNITY ORGANIZATION: BRISTOL HOSPITAL PARTICIPATES WITH THE BRISTOL COMMUNITY ORGANIZATION'S EMPLOYMENT OPPORTUNITIES FOR AT RISK YOUNG ADULTS. THE HOSPITAL EMPLOYS THE PARTICIPANTS FOR 30 HOURS PER WEEK, SIX TO EIGHT WEEKS A YEAR.

EMS FOOD DRIVE: HOSPITAL EMPLOYEES PARTNERED WITH SPRINT TO COLLECT FOOD AND TOYS FOR LOCAL COMMUNITY ORGANIZATIONS. FOOD WAS DONATED TO ST. VINCENT DE PAUL'S IN BRISTOL AND TOYS WERE DONATED TO TOYS FOR TOTS.

EXECUTIVE LEADERSHIP BOARD & COMMITTEE AFFILIATIONS: KURT A. BARWIS, FACHE, PRESIDENT AND CEO: DIRECTOR, QUALIDIGM - THE MEDICARE QUALITY IMPROVEMENT ORGANIZATION FOR THE STATE OF CONNECTICUT; DIRECTOR AND CO-CHAIR OF THE GOVERNMENTAL AFFAIRS COMMITTEE, BRISTOL CHAMBER OF COMMERCE; JEANINE F. RECKDENWALD, SPHR, VICE PRESIDENT, HUMAN RESOURCES AND SUPPORT SERVICES: BOARD, BRISTOL EDUCATION FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COMPLETED 990 IS PROVIDED TO EACH BOARD MEMBER BEFORE IT IS FILED. THIS PROVIDES AN OPPORTUNITY FOR MEMBERS TO ASK QUESTIONS AND FOLLOW UP WITH THE FINANCE TEAM REGARDING ANY ISSUES OR CONCERNS. THE 990 IS ALSO REVIEWED INTERNALLY BY MEMBERS OF THE FINANCE AND MANAGEMENT TEAMS.

Name of the organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
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FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ANNUALLY, ALL APPLICABLE PARTIES ARE REQUIRED TO RECEIVE AND SIGN A STATEMENT ACKNOWLEDGING THAT THEY HAVE READ, UNDERSTOOD AND AGREE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE BRISTOL HOSPITAL AND HEALTH CARE GROUP BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL BRISTOL HOSPITAL AND HEALTH CARE GROUP BOARD ON AN ANNUAL BASIS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE

Name of the organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
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CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE AND PROVIDED TO THE BOARD ON AN ANNUAL BASIS. THE LAST COMPENSATION REVIEW FOR THE CEO, OTHER OFFICERS AND KEY EMPLOYEES OCCURRED IN DECEMBER 11, 2013.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE IN PERMANENTLY RESTRICTED NET ASSETS	64,909.
TRANSFER TO BRISTOL HOSPITAL MULTISPECIALTY GROUP	470,637.
PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS	-6,242,251.
CHANGES IN POSTRETIREMENT HEALTH & WELFARE BENEFITS	5,307,399.
CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION	660,794.
NONCASH VACCINE CONTRIBUTIONS	-17,968.
OTHER TRANSFERS	21,206.
CONTRIBUTIONS	23,605.
TOTAL TO FORM 990, PART XI, LINE 9	288,331.

FORM 990, PART XI, LINE 2C:

EXPLANATION: THE HOSPITAL'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESSES OF OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

BRISTOL HOSPITAL, INC.

Employer identification number

06-0646559

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
HG PROPERTY HOLDINGS LLC - 27-2548373 41 BREWSTER RD BRISTOL, CT 06010	REAL ESTATE	CONNECTICUT	-42,667.	1,428,290.	BRISTOL HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BRISTOL HOSPITAL AND HEALTH CARE GROUP, INC. - 22-2577726, BREWSTER ROAD, BRISTOL, CT 06010	HEALTHCARE PARENT COMPANY	CONNECTICUT	501 (C) (3)	11B, TYPE II			X
BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC. - 22-2577740, BREWSTER ROAD, BRISTOL, CT 06010	FUNDRAISING	CONNECTICUT	501 (C) (3)	7	BRISTOL HOSPITAL AND HEALTH CARE GROUP, INC.		X
BRISTOL HEALTH CARE, INC. - 22-2577731 400 NORTH MAIN STREET BRISTOL, CT 06010	NURSING HOME	CONNECTICUT	501 (C) (3)	9	BRISTOL HOSPITAL AND HEALTH CARE GROUP, INC.		X
BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC. - 06-1466555, BREWSTER ROAD, BRISTOL, CT 06010	HEALTHCARE SERVICES	CONNECTICUT	501 (C) (3)	9	BRISTOL HOSPITAL AND HEALTH CARE GROUP, INC.		X

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BRISTOL MSO, LLC - 06-1506024 25 COLLINS ROAD BRISTOL, CT 06010	RADIOLOGY SERVICES	CT		RELATED	560,444.	548,258.		X	N/A		X	50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BRISTOL HOSPITAL EMS, LLC - 06-1547648 P.O. BOX 977 BRISTOL, CT 06011	EMERGENCY MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A		X

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

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRISTOL HOSPITAL EMS, LLC	J	25,000.	COST
(2) BRISTOL HOSPITAL EMS, LLC	O	147,371.	COST
(3) BRISTOL HOSPITAL EMS, LLC	Q	549,754.	COST
(4) BRISTOL HOSPITAL DEVELOPMENT FOUNDATION	J	6,000.	COST
(5) BRISTOL HOSPITAL DEVELOPMENT FOUNDATION	O	280,531.	COST
(6) BRISTOL HOSPITAL DEVELOPMENT FOUNDATION	C	281,578.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)HG PROPERTY HOLDINGS, LLC	R	250,000.	COST
(8)BRISTOL HEALTH CARE, INC	O	467,275.	COST
(9)BRISTOL HEALTH CARE, INC	Q	1,231,221.	COST
(10)BRISTOL HOSPITAL MULTISPECIALTY GROUP	J	338,061.	COST
(11)BRISTOL HOSPITAL MULTISPECIALTY GROUP	O	288,341.	COST
(12)BRISTOL HOSPITAL MULTISPECIALTY GROUP	R	6,150,000.	COST
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

BRISTOL HOSPITAL EMS, LLC

DIRECT CONTROLLING ENTITY: BRISTOL HOSPITAL & HEALTH CARE GROUP